

Bicycle for Life

2012 Club Membership Application

Please print, fill out completely and sign the application!
Some of the membership signups are available online at
www.Bicycleforlife.org

BLFC-ID # _____	_____	(# Assigned by BFL staff only)
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NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ PHONE: _____
E-MAIL ADDRESS: _____ <small style="text-align: center;">BFL primarily uses e-mails to send out info</small>
Emergency Contact Name: _____
Emergency Contact Phone Number: _____
<small>_____ Initial here to have your phone number withheld, if or when the club distributes its membership list to club members (for personal, non commercial use only).</small>

Membership application is for:

<p><u>Basic Membership (Complementary)</u> For members who only want to receive newsletters and publications via email only. \$0.00 per person-Please check choice below</p> <p><input type="checkbox"/> Basic Club Adult Memberships: age 18 and above</p> <p><input type="checkbox"/> Basic Club Junior Membership: ages 10 through 17, with the approval of a parent or legal guardian</p>

<p><u>Plus Membership</u> For members who want to receive newsletters and publications via US Postal mail in USA when published \$30.00 per person-Please check choice below</p> <p><input type="checkbox"/> Plus Club Adult Memberships: age 18 and above</p> <p><input type="checkbox"/> Plus Club Junior Membership: ages 10 through 17, with the approval of a parent or legal guardian</p>

Membership dues are nonrefundable!

Additional Donation for Club Programs \$ _____

Total enclosed with this Application \$ _____

(Please make your check payable to Bicycle for Life)

Please mail the completed Application to:

**Bicycle For Life
Membership Dept
1935 Barringer Rd
Salisbury, NC 28144**

A Membership Committee Representative will reply with the status of your application after BFLC receives your payment of dues along with the completed application.

If you have any questions contact us at
info.membership@bicycleforlife.org
or visit us on the web www.BicycleForLife.org

Which activities would you consider volunteering club help?

<input type="checkbox"/> Riding your Bicycle	<input type="checkbox"/> Non-cycling assistance at club events (registration, sag wagon, etc.)
<input type="checkbox"/> Leading Bicycle rides	<input type="checkbox"/> Club leadership position (Committees, President, VP, Secretary, Treasurer, etc.)
<input type="checkbox"/> Helping with newsletters, etc.	<input type="checkbox"/> Organizing, hosting, or helping with parties
<input type="checkbox"/> Helping address and mail newsletters, etc	<input type="checkbox"/> Any other area where I can help Other _____

Your Other Affiliations:

<input type="checkbox"/> League of American Bicyclists	<input type="checkbox"/> Adventure Cycling Association
<input type="checkbox"/> Ultra Marathon Cycling Assoc.	<input type="checkbox"/> Randonneurs USA # _____
<input type="checkbox"/> USA Cycling # _____ USCF Cat _____ NORBA _____	<input type="checkbox"/> Rails To Trails Conservancy Other _____ Other _____

What is your group comfort avg. speed in mph?

<input type="checkbox"/> Racing: any controlled speed	<input type="checkbox"/> Fast Fitness up to 21
<input type="checkbox"/> Fitness up to 18	<input type="checkbox"/> Cruisers up to 17
<input type="checkbox"/> Site seeing up to 15	<input type="checkbox"/> Beginners up to 14
<input type="checkbox"/> Specify a mph range: _____ to _____	

How far do you prefer to ride on weekend group rides?

Specify a mileage range (i.e.- 15-30 miles etc.): _____

Please tell us how you got this application:

By mail: _____	A friend: _____
A bike shop: _____	Internet ,etc.: _____

How did you hear about Bicycle for Life Club?: _____

Do you have any requests for club info: _____

As a BFL Club member:

**I agree to wear my helmet when bicycling,
I will bicycle responsibly and safely,
I will follow local and state laws while bicycling,
I will not use illegal drugs,
I will not drink alcohol just before or while cycling**

(Applicant's Signature required)

(Date)

**PRIOR TO PARTICIPATING IN ANY BFLC EVENTS,
YOU MUST SIGN THE RELEASE AND WAIVER OF
LIABILITY, ASSUMPTION OF RISK AND INDEMNITY
(AND PARENTAL CONSENT for youth) AGREEMENT.**

Bicycle For Life is a division of Bicycle Excursion Adventure Corporation a nonprofit organization, registered in the State of North Carolina (Federal 501(c)(3) non profit status has not been applied for at this time)

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Bicycle for Life "BFL" a division of Bicycle Excursion Adventure Corporation "BEAC"

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AND PARENTAL CONSENT AGREEMENTS ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in Bicycle Excursion Adventure Corporation or Bicycle for Life sponsored Bicycling Activities ("Activity") I, for my personal representatives, my heirs, next of kin, and myself:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED HEREIN; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Bicycle Excursion Adventure Corporation, Bicycle for Life, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

(Printed Name of Participant)

(Signature of Participant) (if age 18 and older) (Date)

(Street Address of Participant)

(City) (State) (Zip)

(Phone)

(Emergency contact person) (Emergency Phone)

PARENTAL CONSENT AGREEMENT

This section below is for participant if under age of 18.

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED HEREIN, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

(Printed Name of PARENT/GUARDIAN)

(Street Address of Parent/Guardian)

(City) (State) (Zip)

(Phone)

(PARENT/GUARDIAN Signature) (Date)

(Only if participant is under the age of 18) BEAC-form-02_1-revision-Jan 2012