





Membership Application Form

Annual Membership dues are \$20.00 per adult member over the age of 18 or \$30.00 per couple and expire December 31.	Release and Waiver of Liability, Assumption and Risk and Indemnity Agreement ("Agreement")	
	IN CONSIDERATION of being permitted to participate in any way in the Slow Spokes Bicycle Club ("Club") sponsored Bicycling Activities ("Activities") for myself, my personal representatives, assigns, heirs and next of kin:	
***Children under 18 may participate in events but must be accompanied by an adult family member at all times. NAME	 I ACKNOWLEDGE, agree and represent that I understand the nature of bicycling Activities and that I am qualified to participate in such activities. 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 if at any time I believe conditions to be unsafe I will immediately discontinue further participation in the Activity. 	
ADDRESS		
CITY	 I FULLY UNDERSTAND that BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISK"). 	
STATE ZIP		
PHONE NUMBER(S) CELL	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 BELOW:	
HOME		ID SOCIAL AND ECONOMIC LOSSES either foreseeable at the time; and I FULLY ACCEPT
EMAIL ADDRESS		KS AND RESPONSIBILITY FOR LOSSES, r as a result of my participation in the Activity.
Second adult member	 I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Club, the LMB, their respective administrators, directors, agents and employees, other participants and 	
NAME	any sponsors, advertisers and if app	blicable, owner and lessors of premises on n considered on the "RELEASEES" HEREIN)
PHONE NUMBER CELL	FROM ALL LIABILITY CLAIMS, DE	MANDS, LOSSES OR DAMAGES ON MY TO BE CAUSED IN WHOLE OR IN PART
EMAIL ADDRESS	BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION.	
Children under 18 that may participate Checks should be made payable to: Slow Spokes of Macomb P. O. Box 792	I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, 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 NOT WITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.	
P. O. Box 792 Sterling Heights, MI 48311-0792		
ST OF	Signature	Date

Signature

Date