



- Rcvd _____
- Entered _____
- Financial _____
- Welcomed _____

Membership Application/Renewal Form

Please fill in this form completely and mail with a check for \$20, payable to BCI, to
 Bicycle Club of Irvine, P.O. Box 50206, Irvine, CA 92619-0206
 (Or join online at www.bikeirvine.org/join-or-renew/)

**YOU MUST SIGN AND DATE THIS FORM BELOW
 YOUR MEMBERSHIP WILL NOT BE ACTIVATED WITHOUT THE SIGNED WAIVER AND RELEASE.**

New Member or **Returning Past Member / Renewal** :BCI# _____ (if known)

First Name _____ **Last Name** _____

E-mail (required): _____ **Date of Birth** ____/____/____

Phone Number _(____)_____-_____

Address: _____

City: _____ **State:** _____ **Zip:** _____

In Case Of Emergency Contact: _____ **Phone:** _(____)_____-_____

Include my name/e-mail/phone/address on the club roster? **No – OMIT ME!**

**ACCIDENT WAIVER AND RELEASE OF LIABILITY (AWRL) - REQUIRED FOR MEMBERSHIP
 READ CAREFULLY: THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS**

I acknowledge that bicycling is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this activity. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Bicycle Club of Irvine, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this activity. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. (Responsible adult must sign for minors under 18 years of age)

I hereby certify that I have read this document and I understand its content.

Signature: _____ **Date:** _____