



# Bicycle Club of Irvine Membership / Renewal Form

To join the BCI, complete this form (please print) and return it with your dues.

The current dues rates are posted at [www.BikeIrvine.org](http://www.BikeIrvine.org). Please sign up / renew only one member per form.

Name : \_\_\_\_\_  M  F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Adult  Under 18

Address: \_\_\_\_\_ City : \_\_\_\_\_ CA Zip \_\_\_\_\_

Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_  Home  Cell  Work E-Mail: \_\_\_\_\_

**Membership Data Base Options: (You may opt out)**  I'm New  I'm Renewing; Old BCI # is: \_\_\_\_\_

•A Membership Roster is available online to members only, listing name, address, email & phone.

**Do you want to be listed in the roster?**  NO; DO NOT list me in the roster. (Omit me)

•We occasionally share our mailing list...  NO; DO NOT give my address to others.

•The newsletter is available online saving \$...  Send me Mail: I can't / won't access PDF files on line...

•We alert members to news & events by email...  NO; DO NOT subscribe me for BCI's emails

**In Case Of Emergency - Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*If you are injured or unconscious, it is important to carry ID & emergency contact info. Is there someone we should call? (Name & number)*

**How did you hear about the club?** \_\_\_\_\_

*If you give the name of a BCI Member who referred you to the Club, their membership will be extended two months as a Thank You...*

**What kind of bike(s) do you ride?**

Road  Touring  Comfort (Commuter / Hybrid)  ATB (All-Terrain / Mountain)

Tandem  Unique (Recumbant / Time Trial / Fixed Gear / Other: \_\_\_\_\_)

**How far do you currently enjoy riding?**

SHORT (20 miles or less)  MEDIUM (25-30 miles)  LONG (>40 miles)  CENTURIES (100+miles)

## ACCIDENT WAIVER & 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. I hereby certify that I have read this document; and, I understand it's content.

### PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent & natural or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to act and release said parties on behalf of the minor and the parents or legal guardian.

\_\_\_\_\_  
Signature of Rider

\_\_\_\_\_  
of Parent/Guardian if under 18

\_\_\_\_\_  
Date Signed

*Please mail this form w/dues payable to the Bicycle Club of Irvine to:  
Data Management Services, 405 E Wilson Avenue, Orange CA 92867-4832*