

Membership Application

• indicates required field Single \$16.00 — Household \$20.00 — Renewal — New Membership Address: ____ City, State, Zip • Contact Phone: (_____) ____ - ____ E-Mail Address: ______ YES! Add my email to the COGS Google Group. NO THANKS! Don't add my email. Additional names for Household Memberships: ____ Please do **NOT** list me in the Membership Directory on the COGS website. How did you hear about COGS? _____ Cyclists of Greater Seattle is run completely by volunteers. Please indicate any volunteer interest you may have: ___ Ride Leader ___ Ride Assistant ___ Website ___ Event Coordination ___ Membership ___ Other _____ What pace and distance rides do you prefer? • In order for my membership application to be processed and for my name and email to be added to the COGS Google Group, I have read, completed and signed the attached WAIVER FORM.

Mail this Application and Waiver Form (along with a check made payable to **Cyclists of Greater Seattle**) to:

Membership Director Cyclists of Greater Seattle P.O. Box 31423 Seattle, WA 98103-1423

CYCLISTS OF GREATER SEATTLE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

Read carefully, then sign.

IN CONSIDERATION of being permitted to participate in any way in Cyclists of Greater Seattle ("Club") sponsored Bicycling Activities ("Activity"), I for myself, my personal representatives, assigns, heirs, and next of kin:

- 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 if 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 BELOW; (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. HERBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, their respective administrators, directors, agents, officers, members, 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 NEGIGENCE 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 Releases, 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 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, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed Name Of Participant:	
Address:	
Phone:	
Participant's Signature (only if age 18 or over):	Date:
MINOR RELEASI	
And I, the minor's parent and/or legather minor's experience and capabilities and believe the minor to be qualified, in in such activity. I hereby release, discharge, covenant not to sue, and agree to if from all liability, claims, demands, losses, or damages on the minor's account of negligence of the "releasees" or otherwise, including negligent rescue operation or anyone on the minor's behalf makes a claim against any of the releasees nar the releasees from any litigation expenses, attorney fees, loss liability, damage,	ndemnify and save and hold harmless each of the releasee's aused or alleged to be caused in whole or in part by the ns and further agree that if, despite this release, I, the minor, med above, I will indemnify, save, and hold harmless each of
Printed Name Of Parent/Guardian:	
Address:	
Phone:	
Parent/Guardian Signature (only if participant is under the age of 18):	Date: