

Cyclists of Greater Seattle Membership Application

Type of Membership: ☐ Single, Annual Fee \$16.00 ☐ New Membership
☐ Household, Annual Fee \$20.00 ☐ Renewal

Cyclists of Greater Seattle (COGS) is a club that is run by and for its members. COGS has no paid staff and encourages all of its members to assist with club functions and activities. COGS does not discriminate nor condone discrimination either because of race, color, creed, religion, sex, age, national origin, sexual orientation, marital status or veteran status. COGS expects all of its members to wear helmets on its rides and act in a safe manner in accordance with local motor vehicle laws.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ - _____

HOME PHONE: (_____) _____ - _____ OFFICE PHONE: (_____) _____ - _____

E-MAIL ADDRESS: _____

If Household Membership, please list other individuals to be included as members:

NAMES: _____

EMERGENCY CONTACTS:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Special Needs (Medical): _____

☐ Please do not list me in membership directory. Directories only list Member Name, City, Phone Number and Email Address. (Directory information is for the exclusive use of our members and will not be sold or given to any individual or organization without your explicit permission.)

Please indicate your cycling interests:

On-Road: ☐ Leisure ☐ Social ☐ Moderate ☐ Brisk

Off-Road: ☐ Moderate/Rough Roads/Rail Trail/Single Track

Touring: ☐ Fully Sagged ☐ Self-Contained ☐ Camping ☐ Hotels

Specialty: ☐ Family ☐ Tandem

When do you like to ride? ☐ Weekdays ☐ Saturday ☐ Sunday ☐ Summer Only ☐ All Year Round

Please indicate any volunteer interest you may have:

☐ Ride Lead ☐ Ride Assistant ☐ Newsletter ☐ Website

☐ Event Coordination ☐ Membership ☐ Business ☐ Training

☐ Other _____

Our club newsletter is available in Electronic Format.

To obtain electronic copies of the newsletter, go to www.seattlebicycle.org/newsletter.html.

Would you like to receive club announcements via email? ☐ Yes ☐ No

Remember to complete and sign a Release and Waiver of Liability Form for each individual named in this application. (See attached page.)

Send this 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 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 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: _____

(Street) (City) (State) (Zip)

PHONE: _____

PARTICIPANT'S SIGNATURE (only if age 18 or over): _____ DATE: _____

MINOR RELEASE

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, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION 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 RELEASEE'S 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 ABOVE, 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: _____

ADDRESS: _____

(Street) (City) (State) (Zip)

PHONE: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____ DATE: _____