



# Kings County Velo Club Membership Application and Renewal Form

Kings County Velo Club is a group of cyclists who enjoy bicycling as a recreation and sport. As a club, we seek to offer cycling events and activities that span a spectrum of cycling interests. Club rides are scheduled year round, and range from entry level to expert rides. We protect the rights of cyclists by following local, state, and national affairs as they concern cycling. KCVC is at the forefront of bicycle advocacy in and around the Hanford/Kings County area by promoting safe bike lanes and routes. If you like to ride, KCVC has a place for you. The Club maintains an online presence via web site and social media. Members receive an emailed newsletter reporting information of interest to local cyclists. We encourage you to join KCVC.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Registration is: New \_\_\_\_\_ Renewal \_\_\_\_\_ Individual (\$12.50) \_\_\_\_\_ Family (\$18) \_\_\_\_\_

Donations welcome: \$ \_\_\_\_\_ **Mail form and fee to: Kings County Velo Club, P.O. Box 107, Hanford, CA 93232**

## Release and Waiver of Liability, Assumption of Risk, Indemnity, and Parental Consent Agreement

For League of American Wheelman DBA League of American Bicyclists (LAB)  
(This form is to be used only for individual adults or for adults on behalf of minors.)

In consideration of being permitted to participate in any way in Kings County Velo Club (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 conditions 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 may incur as a result of participation in the activity.
- 3. Hereby release, discharge, and covenant not to sue** the Club, the LAB, its 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 releasees, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim. I am 18 years of age or older, have read and understand the terms of this agreement, understand that I am giving up substantial rights by signing this agreement, have signed it voluntarily 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. I agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_  
If participant is under 18 years of age, a parent or legal guardian MUST sign above.