Cyclonauts Bicycle Club (Jan. - Dec.) Membership Application

Fill out this form, print, sign and mail with check to address at bottom of page.

City:State:	() anged since last renewal) voling [] Hiking EMNITY AGREEMENT
Primary phone: Home[]Cell[]()Other: Home[]Cell[] Email:[] Check if ch Newsletters and schedules are found on our website, www.cyclonauts.com Emergency ContactTelephone (What Cyclonaut activities are you interested in? Check all that apply: []Road Cycling []Leisurely Road Cycling []Rail Trail Cy LEAGUE OF AMERICAN BICYCLISTS ("LAB") RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INE n consideration of being permitted to participate in any way in the SPRINGFIELD CYCLONAUTS sponsored are representatives, assigns, heirs and next of kin: 1.ACKNOWLEDGE, agree, and represent that I understand the nature of the Cyclonauts Club Activities and I a obsysical condition to participate in such Activity. I further acknowledge that the Activity will be conducted ove during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant tr unsafe, I will immediately discontinue further participation in the Activity. 2. FULLY UNDERSTAND that:(a) CLUB ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BOD DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own act of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE CO DTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable ASSUME ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participatio as HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, the LAB, their respective a volunteers and employees, other participants, any sponsors, advertisers, and, if applicable, owners and less olace, (each considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOS CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELE	() anged since last renewal) voling [] Hiking EMNITY AGREEMENT
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Signature of applicant (s)	LE CONTINUE IN FULL FORCE ANI
Signature of Parent or Guardian	Date

Make checks payable to "CyclonautsBicycle Club"

and mail with application to: Janet Parslow Cyclonauts Bicycle Club 36 Elmcrest Drive Chicopee, MA 01013-3339 To purchase a Cyclonauts club cycling jersey please refer to the "Club Gear" page of thewww.cyclonauts.com website