



Chickasaw Cycling Club
 Membership Application and Waiver
 Renewable January 1 each year

Name:		Date of Birth:	
Address:			
City:	State:	Zip Code:	
Home Phone:		Cell Phone:	
Email Address:			
I Wish To Receive Updates By:	Home Phone <input type="checkbox"/>	Text Messages <input type="checkbox"/>	Email <input type="checkbox"/>
Emergency Contact Name:		Emergency Contact Telephone Number:	
New Membership <input type="checkbox"/>	Individual <input type="checkbox"/> \$25	Tribal Affiliation:	
Renewal <input type="checkbox"/>	Family <input type="checkbox"/> \$40		
Please Check All That Apply: Chickasaw Citizen <input type="checkbox"/> Other Tribal Member <input type="checkbox"/> Chickasaw Nation Employee <input type="checkbox"/> Community Member <input type="checkbox"/>			

When applying for the Family Membership plan, only immediate family members, over the age of 16, who are living under the same roof are eligible.

Name:	Cell Phone:	Email:
Name:	Cell Phone:	Email:
Name:	Cell Phone:	Email:
Name:	Cell Phone:	Email:
Name:	Cell Phone:	Email:

We invite our members to participate in special projects and committee functions from time to time. Please check the events you would have interest in volunteering for this year. Additional events may arise throughout the year.

- Bike Path Clean-Up
 Pontotoc Pursuit
 Ada Trail of Lights
 Other: _____

Member Signature: _____ Date: _____

Chickasaw Cycling Club

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

IN CONSIDERATION of being permitted to participate in any way in the Chickasaw Cycling Club ("Club") sponsored bicycling activities, 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 incur as a result of my participation in the activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, 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 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 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.

Participant's Printed Name	Date of Birth	Signature	Date of Signature

***Parent/guardian MUST sign if the participant is under 18 years of age.**

Please return the completed with application with the appropriate fee shown on the application. Checks should be made payable to the Chickasaw Cycling Club. Your membership will only be approved with receipt of payment, and the completed and signed application and waiver.

Chickasaw Cycling Club
1015 Miko Street
Ada, OK 74820