

# Owasco Velo Club Membership Application Form

Make checks payable to **Owasco Velo Club** and mail this completed form and check to:

**Dean Furnia**  
**10 Brae Ridge Rd**  
**Auburn, New York 13021**

Please check one:

\$20 Single \_\_\_\_\_ \$25 Family \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

USAC License # \_\_\_\_\_ race category \_\_\_\_\_ Other Cycling Clubs \_\_\_\_\_

If joining as a family membership, list other family members' name and birthdate:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement"):**

In consideration for being permitted to be a member of the Velo Club (here to referred to as "Club") and to participate in any way in any Owasco Velo Club sponsored 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 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. HEREBY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Club, its administrators, other participants, ride leaders, volunteers, agents, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity take 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.

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 AND 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.

Participant's Signature: \_\_\_\_\_

**I HAVE READ THIS RELEASE** \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

**I HAVE READ THIS RELEASE** \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

If member is under 18 years of age, payment must be paid by check signed by parent or legal guardian  
**IF YOU DO NOT UNDERSTAND THE ABOVE MATERIAL, CONSULT YOUR ATTORNEY BEFORE SIGNING**