



St. Louis Recreational Cyclists



 2020 Membership Application (Please complete all items)

 2020 Membership Renewal (Input printed name, signature, date, & changed items)

In consideration of being permitted to participate in any way in St. Louis Recreational Cyclists ("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 cease 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 my participation in the Activity.
3. HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE the Club, the League Of American Bicyclists (LAB), 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 the 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 any may incur as the result of such claim.

I AM 18 YEARS OF AGE OR OLDER (IF A CYCLIST IS UNDER 18, THE ADULT SPONSORING THE CYCLIST UNDER 18 SHOULD ALSO SIGN THE WAIVER), HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND 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.

NAME (Printed): _____ SIGNATURE: _____
(Sponsor's Name & Signature if applicable): _____

ADDRESS: (Street) _____
(City) _____ (State) _____ (Zip) _____

PHONE: () _____ CELL PHONE: () _____ EMAIL: _____

1st EMERGENCY CONTACT: _____ RELATIONSHIP: _____ PHONE: () _____

2nd EMERGENCY CONTACT: _____ RELATIONSHIP: _____ PHONE: () _____

DATE: ____ / ____ / ____ MEMBERSHIP FEE: \$10.00 per year (period covered January 1 through December 31)

Make membership check payable to: St. Louis Recreational Cyclists

Mail completed form and membership fee to: Patti Brumleve, 15574 Parasol Drive, Chesterfield, Missouri 63017-7462

How did you learn about STLRC?