Toledo Area Bicyclists, Inc.

Club Membership Application

PLEASE read the release and SIGN for us to process your application. PLEASE PRINT LEGIBLY

Name:	Address:	
City:	State:	Zip: Phone:
Email:	Emergency Contact	:: Phone:
CHECK THE APPROPRIATE ME	MBERSHIP LEVEL	
<u>Individual</u>		Make check payable to TAB, Inc. and mail to TAB Membership Director, c/o Linda Posad.
□ \$35 (1 Year)		4747 Starboard Dr., Maumee OH 43537
<u>Family</u>		Club membership is valid from February
□ \$65 (1 Year)		thru January 31. New member application received after August 1 will be valid upon receipt until the end of the following membership year.
List name and email of family	members (and ages if under 18):	
Name:	Email:	
Name:	Email:	
myself, my personal representative, as 1. ACKNOWLEDGE, agree, and repre physical condition to participate in s public during the Activity and upon to to be unsafe, I will immediately disc 2. FULLY UNDERSTAND that (a) BIC PERMANENT DISABILITY, PARAL or inactions of others participating in NAMED BELOW; (c) there may be time; and I FULLY ACCEPT AND A suffer as a result of my participation 3. HEREBY RELEASE, DISCHARGE, members, volunteers, and employe Activity takes place (each considere ACCOUNT CAUSED OR ALLEGEI INCLUDING NEGLIGENT RESCUE Risk, and Indemnification Agreement	esigns, heirs, and next of kin or for the person esent that I understand the nature of Bicyclin uch Activity. I further acknowledge that the Awhich the hazards of traveling are to be experient of the hazards of traveling are to be experient of the hazards of traveling are to be experient of the hazards of traveling are to be experient of the hazards of traveling are to be experient of the hazards of traveling are to be experient of the hazards of the h	rities ("Activity") sponsored by Toledo Area Bicyclists, Inc., I, for nal representative, assigns, heirs, and next of kin: g Activities and that I am qualified, in good health, and in proper activity will be conducted over public roads and facilities open to the acted. I further agree and warrant that if at any time I believe conditions of DANGERS OF SERIOUS BODILY INJURY, INCLUDING and dangers may be caused by own actions, or inactions, the actions with takes place, or THE NEGLIGENCE OF THE "RELEASEES" MIC LOSSES either not known to me or not readily foreseeable at this IBILITIES FOR LOSSES, COSTS, AND DAMAGES I may incur or as a Bicyclists, Inc., their respective administrators, directors, agents, sers, and if applicable, owners and lessors of premises on which the LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE, that, if, despite this Release and Waiver of Liability, Assumption of against any of the Releasees, I will indemnify, save, and hold s, liability, damage, or cost which any may incur as a result of such
SIGNING IT, AND HAVE SIGNED IT FOR COMPLETE AND UNCONDITIONAL IN PORTION OF THIS AGREEMENT IS FULL FORCE AND EFFECT. THIS WE BICYCLING HELMET WHILE RIDING	FREELY AND WITHOUT ANY INDUCEMEN RELEASE OF ALL CLAIMS TO THE GREA HELD TO BE INVALID OR UNENFORCEAE AIVER SHALL HAVE NO EXPIRATION DA' ON THIS RIDE AND CONFIRM MY ACKN	STAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY T OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A TEST EXTENT ALLOWED BY LAW, AND AGREE THAT IF ANY BLE, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN TE. I AGREE TO WEAR AN ANSI OR SNELL APPROVED DWLEDGEMENT BY SIGNING THIS RELEASE.
Date:	Signature:	Must be 18 or Older