

PIEDMONT FLYERS BICYCLE CLUB MEMBERSHIP APPLICATION

(Circle one) New Renewal

MEMBER INFORMATION – PLEASE PRINT

Mr. _____

Ms. _____

Mrs. _____

Street Address _____

City _____ State _____ Zip _____

Phone: (____) _____ E-mail(s) _____

Number of Children under age 18 participating in PFBC membership _____

Dues: JANUARY 1 – DECEMBER 31

Single: \$20.00

Family: \$25.00

CONSENT AND LIABILITY RELEASE – READ CAREFULLY

I agree that I will be solely responsible for the condition and adequacy of my bicycle, safety gear, and riding equipment. I will ride safely within the limits of my own abilities, my equipment and the riding condition and in a manner so as not to endanger either others or myself.

I understand that bicycle riding is a potentially hazardous activity and I voluntarily participate in it on my own free will and choice. In choosing to attend PFBC events, I fully accept and assume all risks whether before, during or after PFBC events.

Acknowledging that such risk exists, I hereby release, waive, discharge, covenant not to sue and agree to hold harmless PFBC, its officers, officials, members, and volunteers; PFBC Sponsors and participating clubs, communities, and organizations; support personnel; and the officers, directors, employees, representatives, agent, insurers, and successor of all the above (collectively "Releasees") from any and all claims or liability for personal injury, damage or loss to my person or property which may be (a) cause by any act, or failure to act, by Releasees even if said injury, damage, or loss results from the negligence of any or all of the above-identified Releasees or (b) sustained by me before, during or after PFBC events.

I agree to indemnify and hold harmless Releasees for all lawsuits, losses, damages, claims, and expenses, including attorney's fees and costs arising from or relating in any respect to my participation in PFBC events or my breach of this agreement.

If I am a minor, my parent or guardian is also signing on my behalf and we both agree to be bound by the terms of this agreement.

The laws of the State of North Carolina will govern any disputes or other matters relating to this Consent and Liability Release.

This Agreement may not be modified orally and may not be waived in any respect. I have read this Agreement, waiver and release and agree to and accept its terms.

Printed Name of Member(s) Signature of Member(s) Age Date

Printed Name of Minor(s) Printed Name of Parent Signature of Parent
Under Age 18 or Guardian or Guardian

**PLEASE MAKE CHECK PAYABLE TO PIEDMONT FLYERS BICYCLE CLUB AND MAIL TO:
Piedmont Flyers Bicycle Club – P.O. Box 5032 – Winston Salem, NC 27113-5032**