☑ ***YES!* I've decided to:**

- ☐ **join the club;**
- ☐ **renew my membership;**
- ☐ **Updated waiver/release**

And... I'm willing to help with:

- ☐ Leading Rides
- ☐ Sierra Century
- ☐ Club Administration
- ☐ *Other* _____

My Talents and Skills are:

- ☐ Publishing
- ☐ Accounting
- ☐ Graphic Design
- ☐ Management
- ☐ Administrative
- ☐ Bike Mechanic
- ☐ Computer
- ☐ Sales/Marketing

(circle one)

Name _____ M F

Phone _____ E-mail _____

List names of all family members who will ride or volunteer

_____ M F

_____ M F

Here's what it's going to cost:

One Year:	☐ Individual . $20	☐ Family .. $30
Two Year:	☐ Individual .. $35	☐ Family .. $50
Three Year:	☐ Individual .. $45	☐ Family .. $60

Address _____

City _____ Zip _____

Please mail this application with check payable to:

Sacramento Wheelmen
P.O. Box 15739
Sacramento, CA 95852

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this athletic event is an extreme test of a persons physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to those caused by terrain, facilities, temperature, weather, condition of athlete, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers I hereby assume as part of the risks of participating &/in volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors. administrators, heirs, next of kin, successors, and assigns as follows (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: **The Sacramento Wheelmen**, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers: (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entitles as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document: and, I understand its content.

All members please read the release, sign and date.

_____
SIGNATURE(S) OF APPLICANT(S) DATE

_____
SIGNATURE OF PARENT/GUARDIAN (if under 18) DATE

_____
SIGNATURE OF PARENT/GUARDIAN (if under 18) DATE