## **BEND BELLA CYCLISTS**

Membership / Waiver 2018

NAME:	IE:			
EMAIL:				
ADDRESS:		CITY:	STATE:	ZIP:
EMERGENCY CONTACT:		_ RELATIONSHIP:	PHONE:	
☐ Check here if info is the sa	ame as 2017			
ACCIDENT WAIVER AND RELEASE I acknowledge that bicycling is an extreme and property loss. The risks include, but an equipment, vehicular traffic, actions of othe and event monitors, and/or producers of the volunteers. I hereby assume all of the risks negligence or carelessness on the part of maintained or controlled by them or becauparticipation in the event/activity and have I acknowledge that this Accident Waiver at which I may participate and that it will gove permitting me to participate in this event/at and assigns as follows: (A) Waive, Releas property theft or actions of any kind which CYCLISTS, their directors, officers, employ event/activity volunteers; (B) Indemnify an claims made as a result of participation in I hereby consent to receive medical treatme event/activity.  I understand that at this event or related at legitimate purpose by the event/activity ho The Accident Waiver and Release of Liabi permissible under applicable law.  I hereby certify that I have read this do	test of a person's physical remot limited to, those commended in the event, and lack of hydrogen of participating and/or the persons or entities be seen of their possible liability for my actions and respectivity, I hereby take active and Discharge from an any hereafter accrue to yees, volunteers, represed Hold Harmless the entithis event/activity, whether that may be deemed civities, I may be photogliders, producers, sponsoriality shall be construed by	aused by terrain, facilities, teres to limited to, participants, voldration. These risks are not or volunteering in this event/active ing released, from dangeroulity without fault. I certify that wise by a qualified medical perm will be used by the event consibilities at said events/active on for myself, my executors, my and all liability for my deatled medical graphed. I agree to allow my lors, organizers and assigns.	mperature, weather, condi- lunteers, spectators, coac- nly inherent to athletics, but in the condition of th	tion of athletes, hes, event officials, at are also present for may arise from or property owned, and organizers, in my application and of kin, successors, y, property damage, ty, BEND BELLA factivity sponsors, and all liabilities or as during this
Print Participant's Name	Age	Signature		Date
lf under 18 years old, parent or guardi		gnature		Date
Return application with dues check* to * Dues \$25 (January 1st to December For more information: www.bendbellad	31st)		ed Meadow Ct., Bend O	R 97702
				For office use only:  Contact Info  Payment  Decal  Constant Contact

Spreadsheet  $\square$  Motion.Social  $\square$