



2017 Membership Application

First Name		Last Name			
Address					
City		State		Zip	
Home Phone		Cell Phone		Date of Birth	
Email		Age		If racer, circle categories below Men Women Master Junior 1 2 3 4 5 First Year of Racing	

Annual Membership Options

- Individual-\$25.00
 Family (up to 4 members)-\$40.00
 Full-Time Student-\$10.00
 Junior Racer-Free

Family Members (must be in same household and related)

Name	Relation	Email	D.O.B.

Please make check or money order to:

Chico Corsa Cycling Club
 702 Mangrove Ave, #240
 Chico, CA. 95926

TOTAL AMOUNT ENCLOSED \$ _____

Please check any boxes that appeal to you and we will be in touch

- Local ride leader
 Event Organizer
 Media Committee
 Newsletter publisher

I have special skills and or would like to help the club in the following area:

Please sign the waiver and release on the following page before returning this form. Incomplete applications will be returned unprocessed.

Official Use Only

Cash: _____

Check #: _____

Accident Waiver and Release of Liability

I acknowledge that cycling, including racing and club rides, is an extreme test of a person's 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 athletes, 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 cycling and athletics in general, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in club activities. 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 club rides and races 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 club, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities in club activities. In consideration of my application and permitting me to participate in the club, 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: Chico Corsa Cycling Club, Inc., their directors, officers, employees, volunteers, representatives, and agents, any event holders, event sponsors, event directors, event volunteers, and ride leaders; (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 entities as a result of any of my actions during club races, training rides, and other activities.

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

I understand that during club rides, races, 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.

I understand that bike helmets are required on all club rides and races.

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.

Parent Guardian Waiver for Minors (Under 18 Years of Age)

If this membership includes members under the age of 18, the below signed parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor(s) and the parent or legal guardian.

INDIVIDUAL

PRINTED NAME _____ AGE _____

SIGNATURE _____ DATE ____/____/____

FAMILY MEMBERS

PRINTED NAME _____ AGE _____

SIGNATURE _____ DATE ____/____/____

PRINTED NAME _____ AGE _____

SIGNATURE _____ DATE ____/____/____

PRINTED NAME _____ AGE _____

SIGNATURE _____ DATE ____/____/____