

WAUSAU WHEELERS BIKE CLUB MEMBERSHIP FORM

MEMBERSHIP LEVEL	Single Fa	imily				
PRIMARY MEMBER						
First Name	Last Name		Date of Birth		Gender	
					M F	
Email - REQUIRED		Pho	ne - REQUIRED			
		() -			
Address		City	City State Z		Zip code	
EMERGENCY CONTACT	٦					
Name	Phone					
	() -					
FAMILY MEMBERSHIP – First Name	Last Name		Date of Birth		Gender M F	
First Name	Last Name		Date of Birth		Gender	
					M F	
First Name	Last Name	Last Name		Date of Birth		
					M F	
CLUB INVOLVEMENT: Please indicate if you or a r following: Lead rider	member of your family is wi	lling to help w	ith one or more o	f the		
Assistant or substitute	ride leader P	Public safety awareness				
Board member	A	Assist with special events				

REQUIRED – All single members and all primary members of a family membership must read and agree to the LIABILITY AGREEMENT on page 2.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT

IN CONSIDERATION of being permitted to participate in any way in the Wausau Wheelers Bike Clubs sponsored Bicycling Activities (Activity) I, for myself, my personal representatives, assigns, heirs, and next of kin:

- 1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- 2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (RISKS); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE RELEASEES NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
- 3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Wausau Wheelers Bike Club, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, fully understand its terms, understand that i have given up substantia
rights by signing it, and have signed it freely and without any inducement or assurance of any nature and
intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and
agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue
in full force and effect.

Signature	Printed Name	Date Signed