

Lake Country Cyclists

Education · Safety · Recreation

Membership Application

New Membership

Renewal

Please mail \$10 to: LCC, P0 Box 304, Ankeny, IA 50021-0304

Mr. /Ms. (1) _____

Mr. /Ms. (2) _____

Please list other family members included in membership (see additional signature requirements below): _____

Address: _____

City/State/Zip: _____

Phone (home) _____

Phone (work 1 or 2) _____

Phone (mobile 1) _____

Phone (mobile 2) _____

Email: (1) _____

Email: (2) _____

Lake Country Cyclists, INC. Waiver of Liability

I, the undersigned, freely acknowledge and realize the dangers of participating in any events, programs activities sponsored by the Lake Country Cyclists and fully assume all risks including, but not limited to, collision with pedestrians, vehicles, other rides and/or fixed or moving objects, the negligence of other riders, sponsors, promoters or drivers, and dangers arising from falls, road surface, equipment, weather conditions, as well as the possibility of physical and/or mental trauma (or injury). I understand that the routes require bicycling on public roadways and in bad weather and that cyclists have been hospitalized and/or killed because of traffic mishaps that are either their responsibility or others' responsibility, and I further agree that I will bear all expense incurred in any such accidents.

I realize that bicycling requires physical conditioning and I represent that I am in sound medical condition. I have no physical or medical impediment which would endanger myself or others. I understand and agree that a situation may arise during events, programs and activities which may be beyond the control of the sponsors, promoters, or organizers and agree to ride so as not to endanger either myself or others.

I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors), any and all rights and/or claims which I have, and/or may have or may hereafter accrue to me against the sponsors, promoters, board of directors of the Lake Country Cyclists, or other sponsors or affiliated organizations and their respective agents, officers and employees for any and all damages, injuries or claims which may be sustained by me directly or indirectly arising out of my participation with the Lake Country Cyclists.

The above agreements and representations are my express understanding of the risks and I assume these voluntarily and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect. I accept responsibility for the condition and adequacy of my bicycle and agree to abide by the rules of the Lake Country Cyclists relating to the wearing of a helmet as well as other organization requirements.

Signature (1) _____

Signature (2) _____

Date _____

Date _____

Consent of parent or guardian:

I, as parent or guardian of named minor(s), _____

_____, hereby give my permission and consent voluntarily and freely for my child(ren) to participate with the Lake Country Cyclists. I further agree individually and on behalf of my child(ren) to the above terms after having fully read the terms.

Signature of
parent or guardian _____

Date _____