

Willamette Valley Cycling Team
Membership Renewal (Jan-Dec)

Last Name _____ First Name _____ Today's Date _____

Gender _____ Year of Birth _____

Street Address: _____

City _____ State _____ Zip _____

Phone (home): _____ Cell: _____ Work: _____

E-mail _____

Emergency Contact: _____ Emergency Contact Phone: _____

Membership Requirements (brief)

1. I agree to race in at least six (6) competitive cycling events (includes triathlons) each calendar year, and to act as a volunteer at a cycling event for at least four (4) hours during the membership year.
2. I agree to assist with the annual Cherry Pie Road Race, the primary fundraiser for the Willamette Valley Cycling Team, in whatever capacity may be determined necessary by the race promoter(s). I agree to help the Willamette Valley Cycling Team with its other fundraising events as much as practicable.
3. I agree to positively represent myself, the Willamette Valley Cycling Team and the sport of cycling in Oregon by obeying all racing rules and traffic laws.
4. I will utilize the discounts and other team-only sponsorship opportunities available to Willamette Valley Cycling Team members for myself, only. I will not discuss the details of our team sponsorship and discounts with anyone outside the Willamette Valley Cycling Team.

I wish to apply for club membership to Willamette Valley Cycling Team.. From here forward, Willamette Valley Cycling Team, LLC will be referred to simply as "The Team". I understand that to be a member, I must ride in accordance with the U.S.C.F. rules, O.B.R.A. rules, and the Team Code of Conduct.

Further, I understand that it is important to maintain my composure and project a professional image in public for the good of the Team and its sponsors. I will not hold Willamette Valley Cycling Team responsible for any injury or illness sustained while riding, racing or training.

In order to maintain a professional image for the benefit of the Team, its sponsors and myself, I agree to wear team issue clothing at all races and Team training rides. I also agree to wear a U.S.C.F/Snell/ANSI approved helmet at all times I am riding a bicycle, whether racing or training. I understand that my failure to do so may lead to dismissal from the Team.

I understand that the benefits associated with being a Team member are intended solely for the Team members and I agree not to use sponsorship benefits and products as sale items for personal monetary gain.

IN CONSIDERATION of being permitted to participate in any way in Team bicycling activities, including bicycle racing, ("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 and Bicycle Racing 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, INCLUDING BICYCLE RACING, 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 conditions 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 in the Activity.

3. HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the TEAM, its administrators, directors, agents, officers, members, volunteers and employees, other participants, any sponsors, advertisers, and, if applicable, owners and leasers of premises on which the Activity take place (each considered one 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 SUBSTANTIAL 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 AND I, THE PARENT AND/OR LEGAL GUARDIAN OF THE MINOR(S) IDENTIFIED BELOW, understand the nature of Bicycling, including bicycle racing, Activities and the experience and capabilities of each of the minors and believe the minors to be qualified to participate in such activity.

I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MAINORS' ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AN FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, ANY OF THE MINORS, OR ANYONE ON THE MINORS' BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Participant's Signature (age 18 or older): _____ Date: _____

For Minors:

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____ Date: _____

List any medications, drugs or anything else to which you are allergic, including bee stings or pollen:

Dues: \$25.00 (adults), Free for juniors. **Write checks to Willamette Valley Cycling Team, LLC**

Return signed form and dues payment to:

Willamette Valley Cycling Team

c/o Kenny Graham

2970 Collingwood St., SE

Albany, OR, 97322