

2024 (updated) STARVED ROCK CYCLING ASSOCIATION MEMBERSHIP FORM

Membership in Starved Rock Cycling Association is open to individuals and entities that support the Association's objectives and pay annual dues. Being a club member is a choice, and your enjoyment is based on the philosophy that you get out of it what you put into it. The membership should be filled with fitness, friendship and fun. New members learn the ins and outs of cycling, such as bike selection, simple maintenance, rules of the road, and group riding. Club members often participate in and out of town bicycling activities and organized rides.

The objectives of SRCA are:

- Providing opportunities for expanding knowledge or appreciation of bicycling;
- Encouraging recreational riding activities;
- Promoting public recognition of the need for safer cycling conditions;
- Advocating, developing, and improving bicycling infrastructure, such as paths, trails, and shared lanes;
- Cooperating with public authorities in the observance of all traffic and safety regulations.

As an SRCA member, you are an ambassador for the club and the sport. When you wear club attire and participate in club activities, be aware that you are identifiable to the public as an SRCA member. Obey the Rules of the Road, be predictable and share the road with motorist.

IN CONSIDERATION of being permitted to participate in any way in Starved Rock Cycling Association (LAB club) 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 including but not limited to dogs, wildlife, traffic, or other road conditions. 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 VIRAL INFECTIONS, BACTERIAL INFECTIONS AND OTHER COMMUNICABLE DISEASES AND ILLNESSES, 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 may incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, the LAB, their respective 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 AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY 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. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. In addition to the foregoing waiver, my signature grants SRCA permission to use photographs of me and my family for any lawful purpose (e.g., publicity, print, website, Facebook).

(if under 18 years of age Parents or legal guardian must sign for them) Each adult member must sign a form

Primary Member's Signature _____ Birth Date _____

Print Name _____

Address Primary _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail Address _____

Add'l Signature of Family member _____ Print Name _____ DOB _____

Home Phone _____ Cell Phone _____ E-Mail Address _____

Add'l Signature of Family member _____ Print Name _____ DOB _____

Home Phone _____ Cell Phone _____ E-Mail Address _____

Primary Emergency Contact _____ Phone/Cell _____

Emergency Numbers will be posted to the roster for members to put in their cell phones on group rides if needed.

ANNUAL DUES: Family \$30 _____ Individual \$20 _____ Renewal _____ New _____

All family members must sign and submit signed form with check to: SRCA, P.O. Box 2304, Ottawa, IL 61350-

