

Carrollton Cycling Club
Membership / Renewal
Application
 Renewable January 1 each
 year

Name:		Date:	
Address:			
City:	State:	Zip Code:	
Home Phone:		Cell Phone:	
Email Address:			
Emergency Contact:		Emergency Contact Number:	
New Membership <input type="checkbox"/>	Individual <input type="checkbox"/>	Change of Address <input type="checkbox"/>	
Renewal <input type="checkbox"/>	Family <input type="checkbox"/>	Yahoo Groups email notifications? <input type="checkbox"/>	Yes No

When applying for Family Membership, only family members living under the same roof are eligible.

Name:	Cell Phone:	Email:
Name:	Cell Phone:	Email:

We are a small organization, so we ask our members to participate in special projects and committee functions from time to time. We ask that you check functions that you would have interest in volunteering for this year.

Club Picnic: <input type="checkbox"/>	Christmas Party: <input type="checkbox"/>	Special Events: <input type="checkbox"/>	Newsletter: <input type="checkbox"/>	Membership: <input type="checkbox"/>	Ride Leadership: <input type="checkbox"/>
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Return application with \$25.00 check (\$40.00 for family membership) payable to the Carrollton Cycling Club or process the membership fee through [Pay Pal](#), please include an additional \$1.03 for PayPal charges. Please include the signed **Agreement Waiver of Liability** for both new and renewal applications. Your membership will only be approved on receipt of payment Application and signed waiver.

Members will receive discounts at local bike shops, in addition to an invitation to the Annual Club Picnic and Christmas Party. They will also be included in the Yahoo Groups notification if desired.

Member Signature: _____

Carrollton Cycling Club
 c/o Bob Wallingford
 453 Frankie Lane
 Lewisville TX, 75057



Or email: bw6881@yahoo.com

Dues can be paid through [Pay Pal](#) CCC@boydsservices.com

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

("Agreement") for CARROLLTON CYCLING CLUB ("CCC")

IN CONSIDERATION of being permitted to participate in any way in Carrollton Cycling (" 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. 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 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, AND COVENANT NOT TO SUE the Club, the LAB, its 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 Releases, 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.

PARTICIPANT'S SIGNATURE	PRINTED NAME	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mail To:

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c/o Bob Wallingford
453 Frankie Lane
Lewisville TX, 75057**



Or Email to Bob Wallingford at: bw6881@Yahoo.com

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