IOWA VALLEY BICYCLE CLUB MEMBERSHIP APPLICATION

MEMBERSHIP= \$30 Per Household	(Check type)	NEW	RENEWAL	
(Adult) NAME:				
(Adult) NAME:				
CHILDREN (Name & Age) 1		2		_
3		4		-
ADDRESS:				
CITY:		ZIP		
CONTACT PHONE:				
EMAIL:		_		
BICYCLING INTERESTS: (Check all th	at apply)			
Advocacy	Family rides		iravel	
Group (daily)	Local		/lountain	
RAGBRAI	Recreational	┝┤┰	rail	
Sponsored Rides	WOW (Women o	n Wheels)		
	,	,		
PREFERRED RIDE LEVEL:				•
CLASS I (15+ mph)	CLASS II (12+ m	ph)	EISURE	
MARSHMALLO RAGBI		RIDES] IVBC BOARD (planning)	
NEW!!! OPTIONAL DONATION: TRA is willing to collect donations for the loc moving the trail northward, we will funn	cal TRAILS, Inc. If you el these optional dona	u are interested ations directly	d in supporting to them.	
\$10 \$20	\$50		Other amount	-
Send signed application to:	lowa Valley Bicycl		•	_ (optional)
Iowa Valley Bicycle Club P.O. Box 927		то	TAL= \$	
Marshalltown, IA 50158	The entire fee can IVBCOR pay by			
FOR IVBC USE: Date Recvd	Check \$ Check #		Venmo	

*********SIGN THE WAIVER INCLUDED WITH THIS APPLICATION (including minors if applicable)*******

LEAGUE OF AMERICAN WHEELMEN d/b/a LEAGUE OF AMERICAN BICYCLISTS ("LAB") RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in IOWA VALLEY BIKE CLUB ("the Club") sponsored Bicycle 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 inaction's, the actions or inaction's 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 OR 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 THE 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 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 a 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.

(AS PER NAME & ADDRESS SHOWN ON THE FRONT OF THIS FORM)

DATE: _____

SIGNATURE OF PARTICIPANT/MEMBER (S):

(Only if age 18 or over)

DATE:				
MINOR RELEASE (Required only if family member is under 18)				
THE MINOR'S EXPERIENCE AND CAPABILITIES APROPER PHYSICAL CONDITION TO PARTICIPATE TO SUE, AND AGREE TO INDEMNIFY AND SAVE A LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAI CAUSED IN WHOLE OR IN PART BY THE NEGLIG RESCUE OPERATIONS AND FURTHER AGREE THE MINOR'S BEHALF MAKES A CLAIM AGAINST AND THE PROPERTY OF THE PROPERTY	UARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL MAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE SENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT AT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND OM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, LT OF ANY SUCH CLAIM. (AS PER NAME & ADDRESS SHOWN ON THE FRONT OF THIS FORM)			