

	p Application
First Name:Last Name:	
Address:	
City:	State:Zip: Phone:
	Phone:
E-mail:	
Individual Membership:□ (\$20.00/yr)	Family Membership: □ (\$30.00/yr)
Additional Family Members:	
YOU MUST SIGN THE RELEASE BELO	OW TO COMPLETE THE APPLICATION.
CONSENT AGREEMENT ("AGREEMENT") IN CONSIDERATION of being permitted to participate in any was for myself, my personal representatives, heirs, and next of kin: 1. ACKNOWLEDGE, agree, and represent that I understand the nand in proper physical condition to participate in such Activity. I froads and facilities open to the public during the Activity and upor and warrant that at any time I believe conditions to be unsafe, I with 2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INJURY, INCLUDING PERMANENT DISABILITY, PARALYS caused by my own actions or inactions, the actions or inactions of Activity takes place, or THE NEGLIGENCE OF THE "RELEASE SOCIAL AND ECONOMIC LOSSES either not known to me or a ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR participation in the Activity. 3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT directors, agents, officers, volunteers, and employees, other particilessors of premises on which the Activity takes place, (each consideration of the Activity takes place). (Each consideration of the National States of the Claims, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNTY ACTIONS; AND I FURTHER AGREE that if, despite this Residence of the Claims, and the properties of the Claims, And Indemnity Agreement I, or anyone on my bely Indemnity, Save, And Hold Harmless Each of the Indemnity, damage, or cost which any may incur as the result of such Understand Its Terms, Understand That I have the Consideration of the Indemnity, damage, or cost which any may incur as the result of such Understand Its Terms, Understand That I have the Consideration of the Indemnity of the Indemnity of Such Understand Its Terms, Understand That I have the Indemnity of the Indemnity of Such Understand Its Terms, Understand That I have the Indemnity of Such Understand Its Terms, Understand That I have the Indemnity of Such Understand Its Terms, Understand Its Indemnity of Such In	ature of Bicycling Activities and that I am qualified, in good health, further acknowledge that the Activity will be conducted over public in which the hazards of traveling are to be expected. I further agree ill immediately discontinue further participation in the Activity. INVOLVE RISKS AND DANGERS OF SERIOUS BODILY SIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be others participating in the Activity, the condition in which the EES" NAMED BELOW; (c) there may be OTHER RISKS AND not readily foreseeable at this time; and I FULLY ACCEPT AND DR LOSSES, COSTS, AND DAMAGES I incur as a result of my TO SUE the Citrus Cycling, their respective administrators, in any sponsors, advertisers, and, if applicable, owners and dered one of the "RELEASEES" herein) FROM ALL LIABILITY, DUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR OTHERWISE, INCLUDING NEGLIGENT RESCUE ELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF half, makes a claim against any of the Releases, I WILL ERELEASEES from any litigation expenses, attorney fees, loss, in claim. I HAVE READ THIS AGREEMENT, FULLY GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND IENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO
LAW AND AGREE THAT IF ANY PORTION OF THIS AGREE	
NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE	AND EFFECT.
PRINTED NAME OF PARTICIPANT:	
PARTICIPANT'S SIGNATURE (only if age 18 or over): I HAVE READ THIS RELEASE	
DATE.	
PLEASE PRINT YOUR NAME	_DATE: