

**ONONDAGA CYCLING CLUB, INC. MEMBERSHIP APPLICATION FORM**

Make checks payable to: Onondaga Cycling Club, Inc.

Single \$20.00\*       Family \$30.00\*\*       Youth \$5.00       Contributing \$10.00

\* includes \$1.35 NYS Sales Tax      \*\* includes \$2.03 NYS Sales Tax

NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_ BIRTHDAY: \_\_\_/\_\_\_/\_\_\_  
 ADDRESS: \_\_\_\_\_ APT \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ - \_\_\_\_\_  
 OCCUPATION: \_\_\_\_\_ BUS PHONE (OPT): (\_\_\_\_) \_\_\_\_\_ X \_\_\_\_\_  
 e-mail Address (optional) \_\_\_\_\_

I WANT TO READ MY SPOKE-N WORD VIA THE OCC WEB SITE. DO NOT SEND ME A PAPER COPY.

AFFILIATED MEMBERSHIP:     LAB       AYH       USA Cycling - License #

IMBA       Other(s)

OTHER FAMILY MEMBERS      AND THEIR AFFILIATIONS:      LAB AYH USAC/License#

NAME: _____	NKNAME: _____	BDAY: ___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
NAME: _____	NKNAME: _____	BDAY: ___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
NAME: _____	NKNAME: _____	BDAY: ___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
NAME: _____	NKNAME: _____	BDAY: ___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement"):**

In consideration for being permitted to be a member of Onondaga Cycling Club, Inc. ("Club") and to participate in any way in any Onondaga Cycling Club, Inc. sponsored 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 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 condition 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 Club, its administrators, directors, ride leaders, volunteers, agents, 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" 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.

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.

Participant #1

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ DATE: \_\_\_\_\_

Participant #2

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ DATE: \_\_\_\_\_

Participant #3

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ DATE: \_\_\_\_\_

D	C	S

**MINOR RELEASE**

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION 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 MINOR'S 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 FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S 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.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send COMPLETED Renewal Form with payment to:

**ONONDAGA CYCLING CLUB, INC.  
P O BOX 6307 - TEALL STATION  
SYRACUSE NY 13217-6307**