

# WESTERN RESERVE WHEELERS

WWW.WESTERNRESERVEWHEELERS.COM

## RIDE COMMITTEE:

JIM GERNSTETTER	216-591-1988
HOWARD GILMORE	216-831-6248
CAL KIRCHICK	216-464-1366
LINDA MYERS	216-831-7372
JOHN STORK	216-831-5187
ROB SHWAB	216-397-0150

## 2007 Membership Application

(Please Print Legibly)

Name \_\_\_\_\_ M \_\_\_ F \_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone \_\_\_ - \_\_\_ - \_\_\_\_\_

Work Phone \_\_\_ - \_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Fax Phone \_\_\_ - \_\_\_ - \_\_\_\_\_

Cell Phone \_\_\_\_\_

Biking Experience (Circle One) BEGINNER EXPERIENCE ADVANCED

List All Adult Participants  
(18 and Over)

List All Minor Participants  
(Under 18)

2007 Dues (Individual/Family) \$ 20.00

WRW Patch(es) No. \_\_\_\_\_ @\$1.00 \_\_\_\_\_

Total Paid \$ \_\_\_\_\_

ALL ADULT RIDING FAMILY MEMBERS MUST SIGN AND DATE THE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ON THE REVERSE SIDE.

Please return to: Jim GERNSTETTER  
Western Reserve Wheelers  
26000 Richmond Road Cleveland, Ohio 44146  
(216) 591-1988  
[Jim\(g\),acmeevents.com](mailto:Jim(g),acmeevents.com)

LEAGUE OF AMERICAN WHEELMAN 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 able to participate in any way in \_\_\_\_\_ (Name of LAB Club) ("Club") sponsored Bicycling Activities ("Activity") I, for myself my personal representatives, assigns, heirs, and next of kin:

I 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 travelling 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.

FULLY UNDERSTAND that (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT 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 have as a result of my participation or that of the minor in the Activity.

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, advisers, and if applicable, and owners and lessors of the 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 occur as the result of such a 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 INDUCEMENTS 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.

PRINTED NAME OF PARTICIPANT:

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

PHONE: \_\_\_\_\_

PARTICIPANTS SIGNATURE (only if age 18 or over): \_\_\_\_\_

DATE: \_\_\_\_\_

I HAVE READ THIS RELEASE

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 RELEASEE'S 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. PRINTED NAME OF PARENT/ GUARDIAN:

ADDRESS:

(Street) (City) (State) (ZIP)

PHONE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): \_\_\_\_\_