



ACTC Membership Application or Information Change Form

The Almaden Cycle Touring Club is a group of cycling enthusiasts with a wide range of abilities. Emphasis is on group fun and safety with a variety of bicycling events. A newsletter is published each month with a schedule of rides & club announcements. Dues are \$20/year for an individual and \$25/year for a family. If first class delivery of the newsletter is required, please remit an additional \$12/year for postage.

Please check appropriate box
 Date of Application / / New Single Membership New Family Membership
 Renewing Current Membership Address / Phone Change Only
 Check this box if you prefer to get the Black & Blue Bottom on-line and do not want to receive a printed copy

Applicants First and Last Name (please print)		Name of Spouse or Significant Other if Family Membership	
Address			Emergency Phone Number (Not 911) <small>Any relative or friend living anywhere. We need an emergency contact for our files.</small>
City	State	Zip + 4	
Home Phone ()	Work Phone ()	e-mail Address	

LEAGUE OF AMERICAN BICYCLISTS ("LAB")

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

Each applicant for membership shall READ and SIGN the following Release Agreement.

IN CONSIDERATION of being permitted to participate in any way in Almaden Cycle Touring Club ("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 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, the LAB, their respective administrators, directors, agents, and employees, other participants, any sponsors, advertisers, and, if applicable, 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.

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.

By my signature below I acknowledge that my signature also indicates that no information has been altered or changed from the original of this form. If any information HAS been changed or altered this form will be null and void.

Signature of Applicant	Signature(s) of all additional family member(s) 18 years of age or older

Please complete the following for any minor (under 18 years of age) family members.

Name	Age	Name	Age

I understand the nature of Bicycling Activities and the Minor's Experience and capabilities and believe the Minor(s) to be qualified to participate in such Activity. I further acknowledge that I and the Minor(s) are aware 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 and will instruct the Minor(s) that if at any time the Minor(s) believes conditions to be unsafe, he/she will immediately discontinue further participation in the Activity.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AND THE MINOR(S) 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 THE 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.

By my signature below I acknowledge that my signature also indicates that no information has been altered or changed from the original of this form. If any information HAS been changed or altered this form will be null and void.

Printed Name of Parent or Guardian	Signature of Parent or Guardian

Address and Phone Number if different than above

Enclosed is \$_____ dues for membership in the Almaden Cycle Touring Club which entitles me to all the rights and privileges of membership.

Make check payable to ACTC and mail to: Almaden Cycle Touring Club • PO Box 7286 • San Jose, CA 95150

Incomplete forms will be returned!