



Membership Form--2019



Join SLSMC

St. Luke's Sports Medicine Cycling/LRC Club is for cyclists who desire to ride on a regular basis. We encourage ALL people who ride a bike to join. Some join for casual riding with other members, some to ride with a group during our scheduled club rides, some to significantly improve their riding technique. We have many club members who race their bikes. Annual dues are \$5 if you buy any custom cycling gear. \$35 if you don't.

Your Name: _____ **Date of Birth** _____

Mailing Address: _____

Contact Phone: _____ **e mail:** _____
(For Google Groups List Serve)

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration of being allowed to participate in SLSMC activities and related events, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activities related to cycling and cycling club programs can be significant;
2. Risks include acute and chronic physical injury, emotional injury, up to and including the potential for permanent paralysis and death;
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the club, and its agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, owners and managers ("Releasees"), for any claims or right of recovery of any sort arising from ANY AND ALL injury, disability, death, or loss or damage to my person or property associated with my presence or participation;
4. I have made personal inquiry sufficient to satisfy myself of the potential risks involved and do not rely on any representations of anyone regarding the risks in entering this agreement;
5. I KNOWINGLY AND FREELY ASSUME ALL RISKS of participation in club rides and events, both known and unknown, even if the risks arise or are created by the negligence of the releasees or fellow participants, Further, I assume full responsibility for my participation; and, willingly agree to comply with the terms and conditions for participation.
6. I understand this release applies whether such claims or right of recovery is alleged to arise from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, and that I have given up substantial rights by signing it. I sign it freely, voluntarily and without any inducement.

Signed _____ Age: _____ Date: _____

Send completed form to SLSMC 1150 W. Parkhill Boise, ID 83702
www.lostrivercycling.org <https://www.facebook.com/groups/lostriver/>

Membership Fee \$5- (Must order gear at the SLSMC Online Store)

Circle One

or

\$35- (I do not intend to Order any 2019 custom Gear)

Getting people to serve as ride hosts is what makes the group rides work.

If you would like to start up a regular ride, Mtn or Road, please let us know.