



2010-2011

Hanover Cyclers

Membership Renewal _____ New Membership _____
(Check one)

Please print legibly and fill out form completely

Name: _____ Date _____

Address: _____

Phone # _____ email: _____

List all members' names, spouse/partner (indicate) and children under age 18 or attending college to be included in family membership and sign on back in both places if minors are listed

****Complete the Liability Release Waiver on reverse side for all members**.**

Annual Membership dues

Single \$15.00

Family \$20.00

Check # _____

Do you want to be included in the membership booklet? Yes ___ No ___

Please send form (filled out front and back) by May 15, 2010 for new memberships and renewals. Write "membership" on the envelope.

**HANOVER CYCLERS
129 Baltimore Street
Hanover, PA 17331-3111**

If you pay dues after November 1, 2010 as a new member, your annual membership dues are paid thru May, 2012



Hanover Cyclers Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement")

IN CONSIDERATION of being permitted to participate in any way in **Hanover Cyclers** 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, 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 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 BODLY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISK"); (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 IFULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the **Hanover Cyclers**, LAB, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of 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, liability, damage, or cost which any may incur as the result of such claim. I HAVE READ THIS AGREEMENT, FULLY 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.

Signature is required for all members listed on Membership Application

Printed Name of Applicant:	Applicant's Signature: (only if age 18 or older)	Date:
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MINOR(S) RELEASE

AND I, THE **MINOR(S)'S PARENT AND/OR LEGAL GUARDIAN**, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR(S)'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR(S) 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)'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHER WISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE I, THE MINOR(S), 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 SUCH CLAIM.

Printed name of parent or guardian	
Address:	
Phone:	
PARENT/GUARDIAN SIGNATURE: (Applicants under the age of 18)	DATE:

Copy and Complete extra copies if needed to list ALL Applicants