

Janesville Velo Club Membership Application

Type of Membership: Name _____

Individual \$12/year Address _____

Family \$15/year City _____ ST _____ Zip _____

New Member Renewal Phone (____) _____ E-mail _____

Check if new address

Make checks payable to:

**Janesville Velo Club
5047 N Knollwood Dr
Janesville, Wis. 53545**

Other Family Members _____

WAIVER AND RELEASE OF LIABILITY -- READ BEFORE SIGNING In consideration of being allowed to participate in any way in the Janesville Velo Club program, its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that: (print name)

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,

4. I understand programs associated with membership have no guarantees, and membership-related programs and benefits may be cancelled or withdrawn at any time, for any reason; and,

5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE JANESVILLE VELO CLUB, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING 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, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. x _____ Age:(if under 18) _____ Date Signed: _____

PARTICIPANT'S SIGNATURE FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. x _____ Date Signed: _____

PARENT/GUARDIAN'S SIGNATURE (print name)