LEAGUE OF AMERICAN WHEELMEN 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 permitted to participate in any way in <u>Emerald Coast Cyclists</u> (Name of LAB 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, 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 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 or that of the minor in the Activity.
- 3. 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, 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, loss, liability, damage, or cost which any may incur as the result of such 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 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.

ADDRESS			
ADDRESS:(Street)	(City)	(State)	(Zip)
PHONE:			
PARTICIPANT'S SIGNATURE (only if age 18 or over)	:	I HAVE READ THIS RELEASE	
DATE:			
	MINOR RELE	ASE	
AND I, THE MINOR'S PARENT AND/OR LEGAL GOTHE MINOR'S EXPERIENCE AND CAPABILITIES APROPER PHYSICAL CONDITION TO PARTICIPATE TO SUE, AND AGREE TO INDEMNIFY AND SALIABILITY, CLAIMS, DEMANDS, LOSSES, OR DICAUSED IN WHOLE OR IN PART BY THE NEGLICAL RESCUE OPERATIONS AND FURTHER AGREE TO MINOR'S BEHALF MAKES A CLAIM AGAINST AND HOLD HARMLESS EACH OF THE RELEASEES FOR DAMAGE, OR COST ANY MAY INCUR AS THE RESERVANCE OF PARENT/GUARDIAN:	AND BELIEVE THE IN SUCH ACTIVE AVE AND HOLE AMAGES ON THE GENCE OF THE SHAT IF, DESPITIONY OF THE RELE ROM ANY LITIGESULT OF ANY SU	IE MINOR TO BE QUALIFIED, IN GOOD ITY. I HEREBY RELEASE, DISCHARGE DE HARMLESS EACH OF THE RELEASE MINOR'S ACCOUNT CAUSED OR TRELEASEES" OR OTHERWISE, INCLUISE THIS RELEASE, I, THE MINOR, OR ASSEES NAMED ABOVE, I WILL INDEMINATION EXPENSES, ATTORNEY FEES, ICH CLAIM.	HEALTH, AND IN, COVENANT NOT SEE'S FROM ALL ALLEGED TO BE DING NEGLIGENT ANYONE ON THE INFY, SAVE, AND LOSS LIABILITY
ADDRESS:(Street)	(City)	(State)	(Zip)
PHONE:			
PARENT/GUARDIAN SIGNATURE (only if participan	t is under the age o	f 18):I HAVE READ THIS REL	EASE
DATE:			
FORM NO. AMSP-WR-LAB-SPEC (05/99)			

EMERALD COAST CYCLISTS MEMBERSHIP APPLICATION

Name: _		
Single:	Family:	
If family,]	please list first names of al	l other members:
Address: _		
City, State	e, Zip:	
Phone #s:	Home	Work
EMail Add	dress	
members (Publish Er	(yes or no): Home:	would not mind sharing with club Work CCC prints a phone list to distribute to it with the Paceline.
	MEMBERSHIP DUES: cks payable to:	\$25.00 (per rider) Emerald Coast Cyclists
Mail to:	Emerald Coast Cyclists P. O. Box 592 Niceville, FL 32588	
	ECC RIDER PRO	FILE (OPTIONAL)
Name: _		Age:
Type of ric	der: (Casual, Racer, Tourin	ng, Fitness)
List bicycl	les owned (Brand and type):
Club mem	ber since:	
Favorite p	lace to ride:	
Personal b	est:	
Goals for t	this year:	
	Emerald Coast C	yclists Club Policies
sanctioned guidelines	l events, all members must	members while participating in ECC- agree to abide by the following safety sibility to ride with safety in mind to all respect with motorists.
ensure you 2. I 3.	a can hear traffic and warni Riders must wear ANSI-ap	proved helmets. not remain on paved roadways while
By signing	g below, I promise to abide	by ECC safety policies listed above.

Participant's Signature