

ROANOKE CYCLING ORGANIZATION RELEASE OF LIABILITY WAIVER / MEMBERSHIP APPLICATION for MINORS (under age 16)

(rev. 03/2006)



please print

minor name _____

street address _____

city _____

state _____ zip _____

email: primary _____

email: secondary _____

phone: primary () - ext _____

phone: secondary () - ext _____

male female age _____

referred by _____

parent/guardian _____

relation _____

address _____

city _____

state _____ zip _____

male female age _____

email: primary _____

email: secondary _____

phone: primary () - ext _____

phone: secondary () - ext _____

I have discussed with my parents or legal guardians, that I wish to be a member and/or participate in the Roanoke Cycling Organization and they have explained to me the of ASSUMPTION OF RISK of my being injured and understand that I could be injured, possibly severe or even worse, from riding my bicycle.

I AGREE TO FOREVER RELEASE AND DISCHARGE ALL LIABILITY from Roanoke Cycling Organization and their respective agents, employees, volunteers, members, sponsors, executive board, promoters, participants, spectators, coaches, event officials, law enforcement agencies, emergency service providers, government officials and affiliates (or the previous list to be called the "Releasees"), and that I am giving up substantial legal rights. THIS RELEASE OF LIABILITY IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES.

I am willing to assume the responsibility of this in order to be a member in the Roanoke Cycling Organization.

I agree that I will not hold the people who run the Roanoke Cycling Organization responsible for my negligence.

I also agree that at any point, if I feel endangered either by my own actions or those of others, that I am free to withdraw from any Roanoke Cycling Organization sanctioned event and will do so of my own free will.

I know that I am not giving up any of my rights and that it is OK for me to be a member and/or participant.

I HAVE READ THE ABOVE RELEASE OF LIABILITY AND ASSUMPTION OF RISK. I FULLY UNDERSTAND WHAT IT MEANS AND HAVE SIGNED IT ON MY OWN.

Minor Name _____

Signature _____

Date signed / / (mm/dd/yyyy)

Parent / Guardian _____

Signature _____

Date signed / / (mm/dd/yyyy)

Parent / Guardian is not required to be a member of the RCO for minor's participation or support.