

Southern Appalachian Bicycling Association (SABA)
2017 Member Enrollment/Renewal Form

(Form Date 1/3/17)

Last Name: _____ First Name: _____ M.I. ____ (Male__ Female__)

Address: _____

City: _____ State: ____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Names of Family Members (if family membership): _____

Areas of Interest (check as many as applicable):

Road Bike ____ Mtn Bike ____ Weekend Rides ____ Weekday rides ____ Touring ____

Racing ____ Fitness ____ Trail Maintenance ____ Fund Raiser Events ____ Ride/Race Volunteer ____

Registration Fees (please check type of registration)

Annual Registration joining or renewing:

Individual \$25 ____ Family \$30 ____ Student \$15 ____

Payment and Enrollment Information

Register via Active.com or mail payments along with this form and signed Accident Waiver and Release of Liability form (on reverse side of this form) to: SABA, PO Box 542, Hayesville, NC 28904

Note: For insurance purposes, you must sign the Accident Waiver and Release Form to participate in SABA activities.

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that participating in SABA team activities can be an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people, including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors and/or producers of the events, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering for SABA events. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in SABA events and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the SABA officers, event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my membership application and permitting me to participate in SABA events, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which my hereafter accrue to me including my traveling to and from the SABA events, the following entities or persons: Their directors, officers, employees, volunteers, representatives and agents, the holder of events, the sponsor of events, the volunteer of events;
- (B) indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in SABA events, whether cause by the negligence of the releases or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during SABA events.

I understand that at SABA events or related activities, I may be photographed. I agree to allow my photo, video or film, likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Parent or Guardian Waver for Minors (under 18 years old)

I undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect or lack of such capacity to so act and release said parties on behalf of minor and the parents or legal guardian.

Print Participant's Name

Age

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date