

# WACO Membership Application

First Name	Last Name	Date of Birth
_____ / ____ / ____		
Address		
_____		
City	State	Zip
_____	_____	_____
Day phone with area code	Evening Phone with area code	Email Address
(    )    -	(    )    -	_____

**This membership is a:**  
 New membership  Renewal

**Type of cycling you prefer:**  
 Casual / Social  Touring  
 Off Road/MTB  Racing  
 Time Trials

**The Pace You Prefer Is:**  
 "Speeder" -- 20+ MPH  
 "Pacer" -- 15 to 19 MPH  
 "Cruiser" -- 10 to 14 MPH

**Newsletter Delivery Preference:**  
 E-mail  Postal Mail

Annual Dues: **\$20.00 individual/\$25.00 family**. Please make check payable to **WACO**. Mail with self addressed stamped envelope to:  
**WACO c/o XXXXXXX**

**League Of American Bicyclists ("LAB") and West Atlanta Cycling Organization ("WACO")  
 Release And Waiver Of Liability, Assumption Of Risk and Indemnity Agreement ("Agreement")**

IN CONSIDERATION of being permitted to participate in any way in West Atlanta Cycling Organization (WACO) 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 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 inaction's, the actions or inaction's 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 in the Activity.
- (3) HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO IDEMNIFY AND SAVE AND HOLD HARMLESS the West Atlanta Cycling Organization, the LAB, their respective administrators, directors, agents, and employees, other participants, and sponsors, advertisers, and, if applicable, owners and leasers of premises on which the Activity take 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 NEGLIGENCE RESCUE OPERATIONS.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANSIAL 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. (1-1996)

I Have Read And Understand This Release. Signature Of Primary Applicant

I Have Read And Understand This Release. Signature Of Primary Applicant

