



Please complete all fields and sign before mailing.

Application and Release of Liability

First Name: _____ Last Name: _____

Address: _____ Apt #/other: _____

City: _____ State: _____ Zip: _____

Phone (primary): _____ Phone (secondary): _____

Email: _____ Birth date: _____

Emergency contact name: _____ Phone: _____

I grant permission to release my emergency contact information to ride leaders (Y/N): _____

AGREEMENT AND RELEASE OF LIABILITY

Agreement Required

I acknowledge that "Bike Prescott", a Cycling Club, is a non-profit organization formed to advance the sport of cycling, the efforts of which directly benefit me. I acknowledge that cycling is an inherently dangerous sport in which I participate in at my own risk. In consideration of the agreement of the Bike Prescott cycling club to extend membership to me, hereby on behalf of myself, my heirs, assigns, and personal representatives; I release and forever hold harmless Bike Prescott, its agents, members, sponsors, promoters and affiliates from any and all liability, claim, loss cost or expense, and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with sponsorship, organization of execution of any bicycle race, cycling event, including travel to and from such event, in which I may participate as a rider, team member or spectator.

By signing, I am accepting the agreement and if under the age of 18, a parent or legal guardian has also read and signed on my behalf. I also agree to abide by the Bylaws of Bike Prescott, Inc., which are available on the website.

PARENT OR GUARDIAN OF A MINOR: I, as a parent or guardian of the applicant, give my permission for my child or ward to participate in any bicycle race or event organized or promoted by Bike Prescott, a Cycling Club, during the period of the membership applied for and further, in consideration of the granting of such membership, agree individually and on behalf of my child or ward, to the terms of the above Agreement and Release of Liability.

Signature of Minor: _____ Date: _____

Signature of Parent/Guardian: _____ Check #: _____ Date: _____



Make \$30 check payable to **Bike Prescott**.
Note in the memo area "**Membership Dues**".



Mail form and check to: Bike Prescott Membership – c/o Kris Parsons – 3919 Purple Sage, Prescott AZ 86301