

SBRA Membership Application and Renewal Form

SBRA membership allows unlimited access to our club rides, participation in club-sponsored events, electronic delivery of our **Rolling Wheels** newsletter, and **discounts at our local bike shop sponsors**. Annual membership dues \$30, March 1st to the end of February.

Complete this membership application and provide a **\$30** check made **payable to "SBRA."**

Mail to: SBRA c/o Norm Samuels
273 Erik Drive, East Setauket, NY 11733

Welcome to SBRA!

Norm Samuels

Membership Director

SBRA Membership Application

New Member Renewal



First Name: _____ Last Name: _____

Street Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Email address: (required) _____

Preferred phone: (_____) _____ Additional phone: (_____) _____

Annual Dues:
\$30 individual, 18 yrs. or older.
Check payable to SBRA
Mail to:
SBRA c/o Norm Samuels
273 Erik Drive
East Setauket, NY 11733

League Of American Bicyclists ("LAB") and Suffolk Bicycle Riders Association ("SBRA") Release And Waiver Of Liability, Assumption Of Risk and Indemnity Agreement ("Agreement")

IN CONSIDERATION of being permitted to participate in any way in Suffolk Bicycle Riders Association (SBRA) ("Club") sponsored Cycling 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 Cycling 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 VIRAL INFECTIONS, BACTERIAL INFECTIONS AND OTHER COMMUNICABLE DISEASES AND ILLNESSES, 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 conditions 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, AND COVENANT NOT TO SUE the Club, the LAB, its 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 Releases, 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 AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY 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. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. (1-2007)

I Have Read This Release.
Applicant / Guardian Signature _____ Date: _____

Family members in your household under 18 years of age listed with your membership:

Child's Name _____ Date of Birth: _____

Child's Name _____ Date of Birth: _____