

The Gaston County Cyclists Membership Form

Name (Print/one name per form): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

☐ Ride Information & cycling event information will be sent via email, please make sure your email address is legible. Your information is never sold to other organizations. Name and phone number of the person to contact in case of an emergency:

Name: _____ Phone: _____

Gaston County Cyclist Membership: ☐ **New Member** ☐ **Renewing**

Note: **2019** GCC Membership dues are \$20.00 per calendar year (Jan.– Dec.) Minors under the age of 18 must have the form signed and dated by a parent or guardian and must be accompanied at all times by a responsible adult at least 21years of age.

RELEASE OF ORGANIZERS AND SPONSORS: I, the undersigned, and all of my heirs, executors, and administrators, legal representatives, do hereby waive, release and discharge any and all rights and claims which I have or which may hereafter accrue to me against the sponsors of this event, the Gaston County Cyclists, Inc. and all other persons involved and or associated with this event from any liability arising from ANY and ALL damages which may be sustained by me directly or indirectly in connection with, or arising out of my participation in or association with the event, or travel to or return from the event.

WAIVER: In consideration of participating in Gaston County Cyclists, Inc. rides and events, I, intending to be legally bound, release and discharge any and all claims for damages, death, personal injury or property damage, which I may have, or which may hereafter accrue to me, as a result in my participation in Club rides and events. This waiver/release is intended to discharge in advance the Gaston County Cyclists, Inc., its officers, ride leaders, and members from and against any and all liability arising out of or connected in any way with my participation in Club rides and events, even though that liability may arise out of negligence or carelessness on the part of the Gaston County Cyclists, Inc., its officers, ride leaders, and/or members.

I further understand that serious accidents occasionally do occur on bicycle rides and that participants occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence. Knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless the Gaston County

Cyclists, Inc., its officers, ride leaders, and members who (through negligence or carelessness) might otherwise be liable to me for damages or injuries. It is further understood and agreed that this waiver, release and assumption of risk is binding on my estate, my heirs, and assigns.

Signature: _____ **Date:** _____

PARENT OR GUARDIAN OF A MINOR CHILD (under 18 years of age): I as a parent or guardian of the above and below named minor, hereby give my permission for my child or ward to participate in this event, and further agree, individually and on behalf of my child or ward, to the terms of this statement.

Parent/Guardian Name (PRINTED): _____

Parent/Guardian's Signature: _____ **Date:** _____

Required for members under the age of 18!

Please mail completed application and check for \$20 for 2019, payable to "Gaston County Cyclists" to:
Gaston County Cyclists

PO Box 550321

Gastonia, NC 28055

Revised 9/28/18