

RABA MEMBERSHIP RENEWAL

Yes, your membership will expire as of December 31! We know it's easy to forget, so please take a minute to fill out your renewal form below and send it with your dues check or money order made payable to RABA by **November 30, 2009**, to ensure uninterrupted mailing of the newsletter.

Don't miss the benefits of being a member of RABA! These include continued subscription to the **Pedaler** where fun rides, trips, informative articles and club news are announced, being on the RABA email distribution list, discount on bicycle parts at various Richmond area bicycle shops and a standing invitation to the monthly speaker / supper meetings.

****In order to meet our insurance underwriter's requirements, you must complete and SIGN the insurance waiver that is a part of the application. Don't forget!****

Thank you for your support!
RABA Membership Chairman

The Richmond Area Bicycling Association Membership Renewal Application

Please complete form and sign the required insurance release on the reverse side. Make check/ money order payable to RABA. Mail completed renewal form to **RABA Treasurer, P.O. Box 6565 Ashland, VA 23005**. Please allow at least four (4) weeks for processing.

Check one:

Individual, \$20 annual dues – open to all persons at least 18 yrs who have an interest in bicycling or bicycling-related activities.

Family, \$25 annual dues – open to any family consisting of one or two adults and all dependents under 18 yrs who will participate in club activities, all of whom have an interest in bicycling or bicycling-related activities.

Print Individual Name: _____

If Family Membership, please print all other adult and minor dependent names: _____

Print Address: _____

City _____ State _____ Zip _____

Telephone (H) _____ (W) _____ (Cell) _____

Print current email address _____

(Optional – Address is added to RABA email distribution list and will also be used to send out an electronic copy of the **Pedaler**. It is kept PRIVATE.)

LEAGUE OF AMERICAN WHEELMEN D/B/A LEAGUE OF AMERICAN BICYCLISTS ("LAB") RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in the Richmond Area Bicycling Association, Inc. ('Club') 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, 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 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 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 or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Club, the LAB, their 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 Releasees, 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.
4. I CONSENT TO EMERGENCY MEDICAL TREATMENT IF I AM INJURED.

I have read this agreement, fully understand its terms, understand that I have given up substantial 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.

Printed Name of the Participant: _____

Print Address: _____
(Street) (City) (State) (Zip)

Phone: _____

Participant's Signature (only if age 18 or over): _____
I HAVE READ THIS RELEASE

Date: _____

And I, the Minor's Parent and/or Legal Guardian, understand the nature of bicycling activities and the minor's experience and capabilities and believe the Minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue and agree to indemnify and save and hold harmless each of the Releasees from all liability, claims, demands, losses, or damages on the minor's 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 further agree that if, despite this release, I, the Minor, or anyone on the Minor's behalf makes a claim against any of the Releasees named above, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage or cost any may incur as the result of any such claim.

Printed Name of Parent/Guardian: _____

Print Address: _____
(Street) (City) (State) (Zip)

Phone: _____

Parent/Guardian Signature (only if participant is under the age of 18): _____
I HAVE READ THIS RELEASE

Date: _____