

# Toledo Area Bicyclists, Inc.

## Club Membership Application

PLEASE read the Release and SIGN in order for us to process your application.

PLEASE PRINT LEGIBLY

REGISTER  
ON-LINE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### CHECK THE APPROPRIATE MEMBERSHIP LEVEL

	1 Year	2 Years	3 Years
Individual	<input type="checkbox"/> \$14	<input type="checkbox"/> \$28	<input type="checkbox"/> \$42
Family	<input type="checkbox"/> \$20	<input type="checkbox"/> \$40	<input type="checkbox"/> \$60

Make check payable to TAB, Inc. and mail to:

TAB Membership Director, c/o Ron Toneff  
4029 Newcastle Dr., Sylvania, OH 43560

Club membership is valid from February 1 thru  
January 31. New member applications received  
after August 1 will be valid upon receipt until the  
end of the following membership year.

Name and email of family members (and ages if under 18):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteering for activities and events is the heartbeat of the club.

Would you consider volunteering for a TAB sponsored event? \_\_\_ Yes \_\_\_ No

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to participate in any way in Bicycling Activities ("Activity") sponsored by Toledo Area Bicyclists, Inc., I, for myself, my personal representative, assigns, heirs, and next of kin or for the personal representative, 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 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 RESPONSIBILITIES FOR LOSSES, COSTS, AND DAMAGES I may incur or suffer as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Toledo Area Bicyclists, Inc., their respective administrators, directors, agents, members, volunteers, and employees, other participants, and 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 RELEASEES OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATIONS; AND I FURTHER AGREE that, if, despite this Release and Waiver of Liability, Assumption of Risk, and Indemnification 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 a result of such claim.

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 CLAIMS TO THE GREATEST EXTENT ALLOWED BY LAW, AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID OR UNENFORCEABLE, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. THIS WAIVER SHALL HAVE NO EXPIRATION DATE. I AGREE TO WEAR AN ANSI OR SNELL APPROVED BICYCLING HELMET WHILE RIDING ON THIS RIDE AND CONFIRM MY ACKNOWLEDGEMENT BY SIGNING THIS RELEASE.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Must be 18 or Older