



Shasta Wheelmen Membership Application (Over 18 only)

(Revised Nov 6, 2021)

Join the Shasta Wheelmen and enjoy all the privileges of being a member of this great club!

- 4 or more bike ride opportunities each week
- Special Organized group rides
- Ride in safe and friendly groups
- Promote safe biking events and programs in the Greater Redding area
- Membership Fee only \$30 per year
- Volunteer Donations to promote Club and community biking programs
- 10% discount at selected bike shops

Please Print

Name _____

Address _____

City/State/Zip _____

Phone number _____

Email _____

Emergency Contact & Phone number:

Name _____

Phone number _____

Membership (\$30/yr) \$ _____

Voluntary Donation \$ _____

Trifecta Challenge \$ _____


Total \$ _____

This is a: ☐ Renewal ☐ New Member

☐ I give permission to share the above personal information with other club members. To receive a club roster containing member information, I must submit a request by e-mail to info@shastawheelmen.org

☐ I acknowledge the Shasta Wheelmen club newsletter is only delivered to my email or available on the club website.

☐ I acknowledge that I am over 18 and have read and agree to the Waiver Release Form

 Sign and Date

Date: _____

Signature: _____

Make your check payable to: The Shasta Wheelmen
Check number _____

Waiver Release Form

League of American Bicyclists (LAB) Release and Waiver of Liability, Assumption of Risk, and indemnity Agreement

IN CONSIDERATION of being permitted to participate in any way in the Shasta Wheelmen ("Club") sponsored Bicycling Activities ("Activity") I, for myself, my 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 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 may 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 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.

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.

Please mail your check and signed application to:

Shasta Wheelmen Treasurer
c/o Lisa Creps
16550 Celtic Ct.
Redding, CA 96001