

**Join Southern Adirondack Spokes (People) - Membership 20%\$**

Return this registration form below with your check or money order for \$20.00 (payable to Southern Adirondack Spokes People) to Dick Murphy, PO Box 2697, Glens Falls, NY 12801.

**Please provide the following contact information:**

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

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

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

Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

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

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

I have enclosed a check or money order for \$20.00

Questions?/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**WAIVER**

**League of American Bicyclists ("LAB")  
Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement  
("Agreement")**

In consideration of being permitted to participate in any way in Southern Adirondack Spokes People 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 Activity and upon which hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions are unsafe, I will

immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISK AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISK"); (b) these risks and dangers may be caused by my own actions, or interactions, and actions or interactions of others participating in the Activity. The condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASES" 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 RISK AND ALL RESPONSIBILITY FOR LOSSES, COST, 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, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered on of the "RELEASES" here in) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART Y THE NEGLIGENCE OF THE "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite RELEASES AND WAIVER OF LIABILITY ASSUMPTION OF RISK, AND INDEMNITY I, or anyone on my behalf, makes a claim against any of the releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the 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 INDUCEMENT OR ASSURANCES OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

**\* I HAVE READ THIS RELEASE**

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
PARTICIPANT'S SIGNATURE                      PRINTED NAME                      LICENSE PLATE #