

Event Registration and Membership Form

Please print legibly! Mail to: Greater Dallas Bicyclists, Po	O Box 670794, Dallas,	TX 75367-0	794	
Name:	Gender: M	F		
Address:				
City:	State:			Zip:
Phone:	Email:			
Emergency Contact:	Phone:			
PLEASE READ AND SIGN: GREATER DALLAS BICYCLISTS C	LUB RELEASE AND WAI	/ER OF LIAE	BILITY A	GREEMENT
I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM R AND AGENTS FROM LIABILITY. THIS RELEASE IS A CONTRAC SIGNING.				
ASSOCIATED WITH SUCH PARTICIPATION. For myself, my heir interest (collectively "Successors"), I HEREBY WAIVE, RELEASE Greater Dallas Bicyclists, its members, ride leaders, officers, spons causes of action including claims arising from the released parties or conduct with any other party or entity resulting in injury or death accrue to me, and from any and all damages which may be sustain and/or successors, directly or indirectly in connection with, or arisin Dallas Bicyclists. It is the express intention of the parties hereto, but for in this document is a full release and indemnity by me, as "successors, officers, sponsors, and agents as "Released Parties", from ligence is the sole or a concurring cause of any injury, death, or date be beyond the immediate control of the leader(s) or organizers of a I accept responsibility for the condition and adequacy of my own be Snell regulations that can protect against serious head injury, and physical or medical condition which to my knowledge would endant participate in such rides. I agree that should I or my successors assert my claim in contrave ing legal fees) incurred by the other party or parties in defending. I responsible adult on any GDB ride. If I am a minor, my parent or guthis waiver and release.	DISCHARGE, HOLD HARN sors, and agents (collective own negligence, gross neg of any person, or for damaned by me, my heirs, execung out of, my participation in oth "Successors" and "Releasessor", to release and indenthe consequences of the "mage. I understand and agin event, and I must continuicycle equipment. I will wea I assume all responsibility ager myself or others if I parention of this agreement, the understand that all riders upon the street of the service of	MLESS, PRO by the "Release ligence, or intege to any propertors, administ or association assed Parties" mnify the Gree Released Paree that situate ally ride so as or a helmet the sind liability for ticipate in GD asserting parander the age	MISE No sed Particentional perty, who arators, lead on with a that the stater Dal rties" own cions mand to enda at satisfier the seles of the seles	OT TO SUE, AND INDEMNIFY the es') from any and all claims and conduct, or the joint negligence lich I have or which may hereafter egal representatives, assignees, in event sponsored by the Greater release and indemnity provided las Bicyclists, its members, ride in negligence, whether that negly arise during a ride which may niger neither myself nor others. Les the requirements of the ANSI ection of such a helmet. I have no or would interfere with my ability to be liable for the expenses (includated by a parent or
Signature:	Date:			
Parent or Guardian if under 18:				
Registration for Lancaster Country Ride	Registration for Club Membership		Payment included	
Fee: \$30 early registration	Membership Type	Amount		\$Membership
\$35 late registration (after April 5) \$40 on rally day	1 Year Individual	\$20.00	0	\$Event Fee
	2 Year Individual	\$36.00	0	\$Total
	1 Year Family	\$25.00	0	
Please circle your choices: Distance you plan to ride: 24 mi 42 mi 62 mi	2 Year Family	¢40.00	0	Cash
Sock size: S (m <7; w 5-8) M (m 7-9; w 9-11)	2 real Faililly	\$40.00		O check
L (m 10-12; w 11-13) XL (m 12+; w 13+)				Credit card
NOTE: No Refunds. No Packets Will Be Mailed. Event Held Rain or Shine. Helmets Are Required. Please do not use earbuds. One Form per Rider. Waiver Must Be Signed.	NOTE: No Refunds. Waiver Must Be Signed. One form per membership.			