

Send completed registration form & signed liability waiver (below) along with a check made out to Kernersville Cycling Club to:

Kernersville Cycling Club
P.O. Box 795
Kernersville, NC 27285

If you prefer, you can pay for your membership via PayPal at www.kernersvillecyclingclub.com (a small processing fee applies). You must still complete and submit this application.

For inquiries and membership information, email: kernersvillecyclingclub@hotmail.com

Website (CURRENTLY UNDER CONSTRUCTION): www.kernersvillecyclingclub.com

Like us on FACEBOOK: Kernersville Cycling Club

**KERNERSVILLE CYCLING CLUB
MEMBERSHIP APPLICATION LIABILITY WAIVER**

Please fill out the form on reverse side, read & sign this liability waiver, then return both along with annual dues payment.

Waiver: In consideration of the Kernersville Cycling Club's allowing me to participate in club rides and events, and intending to be legally bound, I release and discharge any and all claims for damages for death, personal injury or property damage, which I may have, or which may hereafter accrue to me, as a result of my participation in club rides and other activities. This waiver/release is intended to discharge in advance the Kernersville Cycling Club, its officers, ride leaders, and members from and against any and all liability arising out of or connected in any way with my participation in Club rides and activities, even though that liability may arise out of negligence or carelessness on the part of the Kernersville Cycling Club, its officers, ride leaders, and/or members or guests.

I further understand that serious accidents occasionally do occur on bicycle rides and that participants occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence. Knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless the Kernersville Cycling Club, its officers, ride leaders, and members who (through negligence or carelessness) might otherwise be liable to me for damages and injuries. It is further understood and agreed that this waiver, release and assumption of risk is binding on my estate, my heirs, and assigns.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Parent or Guardian: (if under 18) _____