

**Sun City Cycling Club Membership Application**  
**October 1, 2023 - September 30, 2024**

Membership dues are due October 1<sup>st</sup> of each year. It is an easy four (4) step process:

1. **Complete a bicycle safety class\* (within the past two years): We recommend SAVVY CYCLING online class:** <https://cyclingsavvy.org/online-bicycle-education/>
2. **Complete the Sun City Cycling Club Membership Application form below.**
3. **Sign the Sun City Cycling Club's Release (Waiver) of Liability form.**
4. **Return the completed and signed forms with payment to:**
  - A. mail to Janet Swarstad, 7641 W. Dahlia Dr. Peoria, AZ 85381
  - B. bring the forms to the next ride and give to one of the officers
  - C. drop it off at the Bikers Edge Cycle & Fitness, 10545 N 83rd Ave, Peoria AZ 85345.

\*The SCCC board voted on 9/12/2023 to require SCCC members to take one of these classes within the past two years before membership approval.

- a. Recommended: SAVVY Cycling online safety class: <https://cyclingsavvy.org/online-bicycle-education/>
- b. League of American Bicyclists Smart Cycling online course: <https://learn.bikeleague.org/smart-cycling-3>

Membership status. Check one: New member \_\_\_\_\_ Renewal \_\_\_\_\_

**Please Print (legibly)**

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

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

I agree to have my name, phone number and email listed on a password protected membership list on the Sun City Cycling Club website: Yes \_\_\_\_\_ No \_\_\_\_\_

**Emergency Contact Information**

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

Relationship: Spouse \_\_\_\_\_ Other \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Annual dues of \$20 are due October 1 every year. Checks payable to **Sun City Cycling Club.**

\* I certify that I have completed one of the two online Safety Classes listed above or their equivalent within the past two years: Check one: SAVVY Cycling \_\_\_\_\_ LAB \_\_\_\_\_ Other \_\_\_\_\_

Signature: \_\_\_\_\_ signature

Amount enclosed: Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ Credit Card (enter information below)

Make Checks Payable to **Sun City Cycling Club.**

Bikers Edge Cycle & Fitness has graciously agreed to process our membership credit card payments for us, and you can also go there to pay if you prefer.

Credit Card Information: Name on Card: \_\_\_\_\_

Card Type \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Discover \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_/\_\_\_\_

Card Security Code: \_\_\_\_\_ Billing Address Zip Code: \_\_\_\_\_

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**Sun City Cycling Club Release (waiver) of Liability.**

**THIS IS AN IMPORTANT DOCUMENT THAT WAIVES YOUR LEGAL RIGHTS.**

**RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK, INDEMNITY AGREEMENT, AND WAIVER OF CONSTITUTIONAL RIGHTS**

In consideration of my participation in any way in the **Sun City Cycling Club** ("Club") sponsored bicycle activities ("Activity"), I do for me, my personal representatives, assigns, heirs, and next-of-kin:

1. AGREE, represent, acknowledge, and understand the nature of bicycle 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 hazards of traveling are to be expected.

2. FURTHER AGREE and warrant that at any time if I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

3. FULLY UNDERSTAND that (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF POTENTIAL CONTACT WITH INFECTIOUS DISEASES, SERIOUS BODILY INJURY, INCLUDING 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 condition in which the Activity takes place, or the negligence or gross negligence of "Releasees" as designated herein; (c) there may be other risks and other social and economic losses either not known to me or not readily foreseeable at this time; (d) and I fully accept and assume all such Risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

4. HEREBY RELEASE, discharge, and covenant not to sue the Club, any of its directors, agents, officers, members, volunteers, and employees, any other participants, sponsors, advertisers, and, if applicable, any owners or lessors of the premises on which the Activity takes place, and the League of American Wheelmen (all collectively defined as "Releasees"), 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 THE NEGLIGENCE IN RENDERING ANY KIND OF CARE WHATSOEVER.

5. FURTHER AGREE that despite this Release and Waiver of Liability, Assumption of Risk, Indemnity Agreement and Waiver of Constitutional Right, I, or anyone on my behalf, makes a claim against any of Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney's fees, loss, liability, damage, or cost which any may incur as the result of this claim.

6. FURTHER AGREE that as a participant in any Club activity, I must obey all Arizona traffic laws and must wear at all times an ANSI, ASTM, or Snell-approved helmet.

7. FURTHER AGREE, acknowledge, and understand that this release and Waiver of Liability, Assumption of Risk, Indemnity Agreement and Waiver of Constitutional Right, shall be applicable to any and all Club activity from this date forward regardless of whether I remain a member of the Club and expressly agree that this "Agreement" is intended to be applicable to any Club activity in which I participate from the date of the execution of this Agreement.

8. RELEASE, WAIVE and otherwise disavow any protection of Article 18, Section 5, of the Arizona Constitution, which allows for the defenses of contributory negligence or assumption of the risk to be a question of fact and to be left for the jury consideration and expressly acknowledge that the waiver of this constitutional right and the execution of this release shall forever bar my rights to make a claim, sue or otherwise file any type of litigation against Releasees.

9. **FULLY UNDERSTAND AND ACKNOWLEDGE** that the Club insurance **ONLY COVERS FIRST-TIME INVITED GUESTS and CLUB MEMBERS.**

10. Further agree to adhere to the policies of Sun City Cycling Club as posted on their website [www.suncitycycling.com](http://www.suncitycycling.com) and as listed below:

I agree to wear a bicycle helmet at all times during SCCC bicycle events when riding a bicycle.

I agree to obey all traffic laws at all times during any SCCC event.

I agree to the club's COVID-19 policies and applicable state and federal mandates, guidelines, laws. Etc.

I consent to permit emergency medical treatment in the event of injury or illness.

I give full permission for the use of my name and photograph in connection with an SCCC event.

**I AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, I 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. I EXPRESSLY ACKNOWLEDGE WAIVING THE AFOREMENTIONED CONSTITUTIONAL RIGHT.**

Member's Signature Required (only if age is over 18)

Please Print: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_