Sun City Cycling Club Membership Application -October 1, 2026 – September 30, 2027

Membership dues are due October 1st of each year.
Complete a bicycle safety class (within the past two years. We recommend SAVVY CYCLING online class @ *https://cyclingsavvy.org/online-bicycle-education/* ***OR LEAGUE OF AMERICAN BYCLISTS online class @*** *https://learn.bikeleague.org/smartcycling-3*

1. ***Complete the Sun City Cycling Club Membership Application form that includes the Release (Waiver) of Liability below. Cash, check, or money order preferred. Credit cards through Bikers Edge.***
2. ***Return the completed and signed form with payment to:***
   - ***Mail to SUN CITY CYCLING CLUB, PO Box 1112, Sun City, AZ 85372 OR***
   - ***Bring the form to the next ride and give it to one of the officers. OR***
   - ***Drop form and payment off at the Bikers Edge Cycle & Fitness, 10545 N 83rd Ave, Peoria AZ 853435. You may use a charge card by visiting Bikers Edge.***
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Membership Status: New member☐ Renewal ☐

Please Print (legibly)

First Name: _____Last Name: _____Birthdate_____
Address: _____City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____
Emergency Contact Information
First Name: _____ Last Name: _____ Phone: _____

Annual dues of **$30** are due October 1 every year**.** Make checks payable to SUN CITY CYCLING CLUB.
Amount enclosed: Cash $_____ Check/Money Order $_____ Credit Card (at Bikers' Edge) $_____

Class 2 E-BIKES and bikes that have a throttle that do not require you to pedal ARE PROHIBITED ON Sun City Cycling Club rides.

SUN CITY CYCLING CLUB RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT THIS IS AN IMPORTANT DOCUMENT THAT WAIVES YOUR LEGAL RIGHTS.

IN CONSIDERATION of my participation in any way in the Sun City Cycling Club ("Club") sponsored bicycle 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 on public roads and facilities open to the public during the Activity and upon which hazards of traveling are to be expected. I further agree and warrant that at any time if 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, BACETERIAL 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 condition 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 RESPONSIBILITIES 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 (League of American Wheelman, dba League of American Bicyclists "LAB", its respective administrators, 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 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 expense, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim. IN ADDITION, I AGREE to adhere to and comply with the following required guidelines and regulations as a condition to participate in this event: I FULLY UNDERSTAND AND ACKNOWLEDGE that THE CLUB insurance COVERS ONLY FIRST TIME GUESTS AND CLUB MEMBERS. I further agree to adhere to the policies of Sun City Cycling Club as posted on their website at https://suncitycycling.com/ I FURTHER AGREE that as a participant in any Club Activity, I must obey all Arizona traffic laws and must wear an ANSI, ASTM, or Snell-approved helmet at all times. I AGREE 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, 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 INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

By signing below, you agree to the release and waiver of liability shared above, that you agree to follow SCCC policies as outlined on the website, as well as certifying that you have taken a safety course in the last two years
Please Print: First Name: _____ Last Name: _____

Signature: _____ Date: _____