

ARCTIC BICYCLE CLUB  
Recreation & Touring Division-Anchorage, Alaska

## 2010 Women's Mountain Bike Clinic Sign-Up

May 26th-June 23rd 2010

Mail To: Arctic Bicycle Club, % C&K Souser, 6731 Baby Bear Dr, Anchorage AK 99507

Web: <http://recreation.arcticbikeclub.org> Twitter/Facebook: ArcticBikeClub

Contact Information: [womensclinic@arcticbikeclub.org](mailto:womensclinic@arcticbikeclub.org) or 929-7231

Telephone Hotline: 907-566-0177, Option 3

WELCOME to the Arctic Bicycle Club Women's Mountain Bike Clinic, your participation is appreciated and we hope you learn and have fun.

You must fill out this **Sign-Up Form** and a **Release & Waiver of Liability** for each participant.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PREFERRED PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Emergency Contact (optional): \_\_\_\_\_

Email Updates: [  ] Check this box to receive email updates of club activities.

Previous Mt Biking Experience: None [  ] Novice [  ] Intermediate [  ] Experienced [  ]

What do you most hope to gain from the course? \_\_\_\_\_

What type of bike will you likely be using for the course: \_\_\_\_\_

Women's Mt. Bike Clinic Fee: \$25.00 [  ] Arctic Bicycle Club Membership (Optional) \$20 [  ]

\$\_\_\_\_\_ TOTAL *Please make all checks payable to: Arctic Bicycle Club*

### SOMETHING FOR EVERYONE

The Arctic Bicycle Club offers a wide variety of activities and events through its three divisions: Road & Mountain Racing, and the Recreation Division.

We also advocate a bicycle friendly community through organized road cleanups, help maintain off-road trails, host bicycle maintenance classes and sponsor educational programs. So, whether you race, commute or just enjoy the occasional bike ride we have something for you. To find out what events have been scheduled look on the club's website at [www.arcticbikeclub.org](http://www.arcticbikeclub.org), follow us on Twitter/Facebook @ "Arcticbikeclub" or call the Hotline at **566-0177**.

**Privacy Statement:** All information collected on this form or during club events will only be used for club purposes and will never be sold, nor ever distributed outside of the context of the Arctic Bicycle Club.

**ARCTIC BICYCLE CLUB RELEASE AND WAIVER OF LIABILITY,**

ASSUMPTION OF RISK, AND INDEMNITY AND PARENTIAL CONSENT AGREEMENT ("AGREEMENT") IN CONSIDERATION of being permitted to participate in any way in Arctic Bicycle Club ("Club") sponsored Bicycling Activities (Activities") 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 the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time 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 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 conditions 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 the time; 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 or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) 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 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 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 AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Street City  
State ZIP

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARTICIPANT'S SIGNATURE (only if age 18 or over): \_\_\_\_\_

**MINOR RELEASE**

AND I, THE MINORS PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S 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 FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Street City  
State ZIP

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (only if under the age of 18): \_\_\_\_\_