

**IOWA VALLEY BICYCLE CLUB  
MEMBERSHIP APPLICATION**

MEMBERSHIP \$20.00 PER HOUSEHOLD (Check type) NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

(ADULT) NAME: \_\_\_\_\_

(ADULT) NAME: \_\_\_\_\_

CHILDREN / AGE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

Contact PH. #: \_\_\_\_\_

E-MAIL ADDR. \_\_\_\_\_

Monthly Newsletter will be emailed in pdf format unless otherwise requested.

\*\*\*\*\* Please Note \*\*\*\*\*

All adult applicants read and sign the waiver on the back of this form, including the minor release, if there are any family members under the age of 18.

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**BICYCLING INTERESTS:**

TOUR \_\_\_\_\_ TANDEM \_\_\_\_\_ RECREATIONAL \_\_\_\_\_ LOCAL RIDES \_\_\_\_\_ TRAIL \_\_\_\_\_

RAGBRAI \_\_\_\_\_ OTHER \_\_\_\_\_

**PREFERRED RIDE LEVEL:**

CLASS I \_\_\_\_\_ (15+mph) CLASS II \_\_\_\_\_ (12+mph) LEISURE \_\_\_\_\_ (10+mph)

SPONSORED RIDES \_\_\_\_\_ (Rides sponsored by other clubs)

**I WOULD BE WILLING TO HELP WITH:**

MARSHMALLO \_\_\_\_\_ NEWSLETTER \_\_\_\_\_ LOCAL RIDES \_\_\_\_\_ IVBC BOARD \_\_\_\_\_

SAG DRIVER \_\_\_\_\_ TRAFFIC CONTROL \_\_\_\_\_ PROGRAM \_\_\_\_\_ RAGBRAI \_\_\_\_\_

**IOWA BICYCLE COALITION:** Become a member and join our voice in determining the quality of bicycling in Iowa. Optional but if willing to support, please add to basic club membership. [www.iowabicyclecoalition.org](http://www.iowabicyclecoalition.org) for more information.

Individual \$35.00 \_\_\_\_\_ Household \$50.00 \_\_\_\_\_ Sustaining \$100.00 \_\_\_\_\_

Mail signed application with \$20 fee  
(plus optional Iowa Bicycle Coalition fee) to:  
The entire fee can be paid by one check  
payable to IVBC.

IOWA VALLEY BICYCLE CLUB, INC.  
P.O. BOX 927  
Marshalltown, IA. 50158

FOR IVBC USE: Received _____ Check # _____ Cash _____
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\*\*\*\*\* BE SURE TO SIGN THE WAIVER ON THE BACK OF THIS APPLICATION \*\*\*\*\*

**LEAGUE OF AMERICAN WHEELMEN d/b/a LEAGUE OF AMERICAN BICYCLISTS (“LAB”)  
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL  
CONSENT AGREEMENT (“AGREEMENT”)**

IN CONSIDERATION of being permitted to participate in any way in IOWA VALLEY BIKE CLUB (“the 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 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 inaction’s, the actions or inaction’s 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 OR 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 RESPONSIBILITY FOR THE 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, the LAB, 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 a 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.

SIGNATURE OF PARTICIPANT/MEMBER (S): (AS PER NAME & ADDRESS SHOWN ON THE FRONT OF THIS FORM)  
(Only if age 18 or over)

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

**MINOR RELEASE (Required only if family member is under 18)**

AND I, THE MINOR’S 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 RELEASEES 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 A RESULT OF ANY SUCH CLAIM.

SIGNATURE OF PARENT / GUARDIAN(S): (AS PER NAME & ADDRESS SHOWN ON THE FRONT OF THIS FORM)  
(On behalf of participants/members under age 18)

\_\_\_\_\_

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