

Ann Arbor Bicycle Touring Society (AABTS)
AABTS MEMBERSHIP APPLICATION

All Memberships for 2009 are in effect from 1/01/09 to 12/31/09. Dues are **\$15 for a single, \$20 for a family.**
There is an additional \$5 fee if you wish printed copies of the Newsletter/Ride Calendar mailed to you.
Make out a check or money order *payable to AABTS*, and *mail with this form to:*
AABTS MEMBERSHIP, c/o Beth Caldwell, 2722 Georgetown Blvd, Ann Arbor, MI 48105-1552

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Is this a NEW address, phone, or e-mail? _____

Renewal: _____ New Member: _____ (check one) Email address: _____

- Do **not** publish my name or contact information on Club membership list: _____
(Club membership list is distributed to AABTS members only)
- E-mail me with Club updates and when Ride Calendars & Newsletters are on-line: Email: _____
- Send me the Newsletters/Ride Calendars via US Mail (**\$5 additional fee**): US Mail: _____
- Would you be willing to work on our One Helluva Ride? _____
- May we call on you to help out with some club-related activity? _____
- Would you be willing to lead a club ride? _____ If so, which level? A _____ B _____ C _____

Membership fee: (Single \$15; Family/Household \$20)	\$ _____
Additional fee to receive Newsletter/Ride Calendars via US Mail (\$5)	\$ _____
Total enclosed:	\$ _____

PLEASE
All members must
sign
Liability Release
below.

Please read the following *Assumption of Risk Agreement and Liability Release*. This signed waiver must accompany the membership application.

I realize that activities of the Ann Arbor Bicycle Touring Society ("AABTS") involve bicycling, which can be a HAZARDOUS activity. There are many dangers and risks associated with bicycling including, but not limited to, injury or death resulting from collision with pedestrians, vehicles, other cyclists, and fixed or moving objects; dangers arising from surface hazards such as pot holes or poor road conditions, equipment failure, inadequate safety equipment; conditions stemming from weather; the negligence of myself or others, and trauma or injury arising with the stresses caused by physical exertion. I recognize that bicycling requires physical conditioning and I represent that I am in sound physical condition and that I have no physical or medical condition that would endanger either others or myself.

I understand that AABTS activities are often conducted over public roads and facilities open to the public and upon which the hazards of traveling are to be expected. I acknowledge that the AABTS has no responsibility for the condition or maintenance of the roads or facilities upon which AABTS activities are conducted. I agree to accept responsibility for the condition of my bicycle and I agree to wear an ANSI, Snell, ASTM or CPSC-approved helmet while on my bicycle during AABTS bicycling activities. I understand that a bicyclist is granted the same rights and is subject to all of the duties applicable to the driver of a motor vehicle under Michigan law. I agree to abide by those laws and to practice courtesy and safety while cycling.

I agree, as a consideration of, and in consideration for, being a participant of an AABTS ride or event, to freely and expressly assume and accept any and all risks of injury or death to the rider, or property loss or damage, including injury, death, loss or damage attributable to the negligence of the AABTS and its sponsors, promoters or affiliated organizations, and their respective agents, directors, officers, volunteers and employees (the "Released Parties").

I also agree to release and forever discharge the Released Parties from any and all responsibility or liability for injuries or damages that result, either directly or otherwise, from my participation in, or attendance at any AABTS activity. I agree not to make a claim against or sue the Released Parties for injuries or damages relating to bicycling or any other AABTS activity. I further agree to indemnify and hold harmless the Released Parties for all expenses incurred due to my participation in any AABTS activity, including medical and legal or other expenses, and hold harmless all other participants, even if it is the negligent acts of others that caused the injury or death, loss or damage.

If I am injured or become ill, I consent to and authorize the provision of emergency first aid or medical treatment and I agree to be solely responsible for any costs related to such first aid or treatment.

I am aware that this is a release of liability and a contract between myself and the AABTS and I am signing it freely and of my own accord and I recognize and agree that it is binding upon myself, my heirs and assigns, and in the event that I am signing it on behalf of any minors, I have full legal authority to do so, and realize the binding effect on this contract on them, as well as on myself. In this Release, the use of personal pronouns such as "I," "me", and "my" shall be deemed to include any minor on whose behalf I am signing it.

I, THE UNDERSIGNED, HAVE CAREFULLY READ THIS ASSUMPTION OF RISK AGREEMENT, RELEASE OF LIABILITY AND COVENANT NOT TO SUE. I FULLY UNDERSTAND AND AGREE TO ITS CONTENTS.

Date: _____

SIGNATURE(S): (All family members must sign. Parent or guardian's signature if member is under 18):

