

# ALBANY BIKE RESCUE MEMBERSHIP APPLICATION/WAIVER

### MEMBERSHIP APPLICATION AND WAIVER OF LIABILITY

# PLEASE READ CAREFULLY!

### THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

Member Contact Informat	ion	Date:
First Name:	Nick Name (opt):	Last Name:
Email Address (opt):		
Phones (opt) Mobile:	Home	e: Work:
Street Address:	·	
City:	State: Zip Code:	
Are you at least 18?	res □ No	
If under 18? Guardian Nan	ne:	
Member Birthdate (opt if o	over 18):/	
reconstructing bicycles, wo	orking in the ABR offices, use rviced at any ABR event, are	ey include repairing, replacing, restoration and sing bicycle parts from ABR, and riding bicycles from ABR or and that the Activities pose serious potential physical risks e Signing!
of Albany Bike Rescue, Inc.	(the "Member") or pare , ("ABR") a New York State ependent contractors, all o	ent or legal guardian of a minor member ("Parent") in favor a not-for-profit corporation, its agents, directors, officers, ther persons acting under their direction or control, and a "Released Parties").
The Member or Parent her terms:	eby freely, voluntarily, and	without duress executes this Release under the following
indemnify the Released Par	rties from any and all liabil	release and forever discharge, hold harmless and ity, claims, and demands of whatever kind or nature, either from Member's Activities at ABR.



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Member or Parent understands that this Release and Waiver discharges the Released Parties from any liability or claim that the Member may have against the Released Parties with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Member's Activities with the Released Parties whether caused by the negligence of the Released Parties or otherwise. Member or Parent also understands that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**Medical Treatment**. Member or Parent does hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Member's Activities with ABR.

**Assumption of Risk**. The Member or Parent understands that the Activities include work that may be physically hazardous to the Member, including, but not limited to repair, replacement, restoration, and reconstruction of bicycles, using bicycle parts from ABR and riding bicycles from ABR or bicycles that have been serviced at any ABR event.

Member or Parent hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases the Released Parties from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance**. The Member or Parent understands that, except as otherwise agreed to by ABR in writing, ABR does not carry or maintain health, medical, or disability insurance coverage for any Member. Each Member or Parent is expected and encouraged to obtain his or her own medical or health insurance coverage.

**Photos.** The Member or Parent consent to allowing ABR to photograph member for advertising purposes, promotions, display, and general use. All forms of media or pictures are including in this release.

**Other**. Member or Parent expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New York, and that this Release shall be governed by and interpreted in accordance with the laws of the State of New York. Member or Parent agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Member or Parent has execu	ted this Release as of the day and year first above written
Witness:	
Member or Guardian:	