

SVMIC Cycling Club Membership Form

In consideration of acceptance of my application for membership by SVMIC Cycling Team (the "Team"), which includes general permission so participate in any Team sponsored event or activity, I, for myself and my heirs, executors, administrators, successors, and assigns, do hereby:

1. Acknowledge that participation in bicycle events is inherently dangerous and that, whether in public or private settings, there are ever-present dangers and the risk of injury and/or death from either my own actions or those of others over whom neither the Team nor I have any control.
2. Acknowledge that: (i) I am aware of vehicle operation regulations imposed by the laws of the State of Tennessee, of other states, and of other jurisdictions in which the Team may operate, (ii) I am aware of proper safety precautions relating to bicycling, its equipment, and its clothing and (iii) I fully assume all risk for myself and all liability to others for my failure to comply with and to abide by these regulations and precautions.
3. I do hereby personally assume the entire risk of each aspect of my participation in the activities of the Team and do hereby remise, release, and forever discharge the Team, State Volunteer Mutual Insurance Company, the Team's sponsor, and each of their respective officers, directors, partners, members, agents, successors, and assigns (the "Team Released Party/ies") of and from all and any manner of action or actions, claims and demands of whatever nature such Team Released Party/ies I ever had, now have, or, together with my heirs, executors, administrators, successors, and assigns hereafter can, shall or may ever have against the Team Released Party/ies for or by reason of my participation on the SVMIC Cycling Team and agree to indemnify the Team Released Party/ies from and against any and all such claims and the claims of others arising from or through my actions or inactions.

I have read this document. I understand that it is a release of all claims and that I assume all risks inherent in bicycle events. I voluntarily sign my name evidencing my acceptance of the above provision and conditions.

SIGNATURE: _____ DATE: _____

First Name _____ Last Name _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Contact Phone # _____ Email Address _____ Occupation _____

Emergency Contact _____ Relationship _____ Emergency # _____

Jersey Size _____ Qyt. ___ Bib/Shorts Size _____ Qyt. ___ Other _____ Qyt. ___

Thanks for Becoming a Member of Club SVMIC! May 2008 be full of Success!!!

Mail to:

**3010 Macon Court
Spring Hill, TN 37174
Or Fax attn: Thad to 370-1343**