



NOLA CYCLES BICYCLE CLUB MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Phone:
Email:		
Current address:		
City:	State:	ZIP Code:
Do you own a bicycle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bicycle Type:	Bicycle Color:

MEMBERSHIP INFORMATION

<input type="checkbox"/> New Membership <input type="checkbox"/> Renewal	
Today's Date:	Membership valid for 1 year from today's date.
<input type="checkbox"/> \$50 One Time Payment	<input type="checkbox"/> \$5 Monthly Fee (\$60) due by the 5th of every month.
T-Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit (Credit only accepted for year paid in full)	
Please make check payable to GP Inc.	

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

MEDICAL DETAILS

If you suffer or have suffered from any disease, mental or physical disability (ie. epilepsy, diabetes, or any permanent disability to limb, eye or ear) this may affect your safety or the safety of the public. You should consult your physician before participating.

***Remember to also sign waiver and release agreement on page 2.**

Have You Read This Section: Yes No

RENTAL DETAILS

If I rent a bicycle from NOLA Cycles to participate as a Bicycle Club member I agree to return the bike in undamaged condition to avoid any additional charges for repair or replacement. I accept use of the equipment, AS IS, in good condition and accepts full responsibility for care of the equipment while under my possession. Damaged parts of components will be repaired/replaced at NOLA Cycles discretion and I agree to pay regular shop rates and retail prices for components replaced. Clean condition means normal wear and tear is acceptable but does not include broken spokes, bent rims, damaged frames, handlebars, seats or other parts from misuse and/or crashes.

SIGNATURE

I attest that the information provided on this form is correct and agree to the terms and rules of the NOLA Cycles Bicycle Club.	Date:
Signature of applicant:	

NOLA Cycles Assumption of Risk Waiver and Release Agreement

Assumption of Risk: I understand and accept that renting this bicycle and participating in biking exposes me to many hazards and entail unavoidable risk of death, personal injury (including but not limited to severe spinal and head injury) and loss of or damage to property. I understand I should be in good physical health to participate in bicycling. I choose to participate in bicycling in spite of these risks and herby assume all risk of injury or loss of life to myself and loss of or damage to property arising out of renting this bicycle and participating in bicycling. I understand the inherent risk involved in using this equipment and accept full responsibility for any and all such damage or injury which may result.

Waiver and Release: In consideration of NOLA Cycles renting me this bicycle, I specifically release and forever discharge NOLA Cycles and its affiliates, officers, agents and employees from any and all liability or claims for injury, illness, death or loss of or damage to property which I may suffer while renting this bicycle and participating in bicycling. This discharge specifically includes, but is not limited to liability or claims for injury, illness, death or damage caused by the negligence of NOLA Cycles or its affiliates, officers, agents or employees. It is my intent by this waiver and release agreement to release NOLA Cycles and hold it harmless from all liability for any such negligence of NOLA Cycles or whether based upon breach of contract, breach of warranty or any other legal theory. In signing this document, I fully recognize that if injury, illness, death or damage occurs to me while I am engaged in renting this bicycle or participating in bicycling, I will have no right to make a claim or file a lawsuit against NOLA Cycles or its affiliates, officers, agents or employees, even if they or any of them negligently cause my injury, illness, death or damage.

_____ I realize the importance of wearing a helmet. A helmet has been recommended to me by NOLA Cycles staff. If I do not wear a helmet I am doing so at my own will.

_____ I understand that this activity may result in severe injury, including but not limited to spinal or head injury.

_____ NOLA Cycles staff have answered any and all questions I have had.

I have carefully read this agreement in its entirety and understand its content. I am aware this is an assumption of risk, waiver and release of liability and I sign it voluntarily. I also understand that I should not and may not participate in this activity if I am under the influence of alcohol or drugs.

Date: _____ Bicycle#: _____

Print Name

Signature