

Maine Coast Cycling Club Membership Application & Waiver

Riding Season Year:	(please indicate the calendar year, i.e. 2024)
This membership application app	olies to the calendar year of the riding season, Jan 1 – Dec 31.
Please print clearly.	
Name:	
Telephone:	
E-Mail:	
Mailing Address:	Local Address: Same as Mailing Address
Line 1:	Line 1:
Line 2:	Line 2:
City: State: Zip:	
Membership Dues: \$25 per individual or \$50 for a family Send a check with this application to: Maine Coast Cycling Club P.O. Box 581 Kennebunkport, ME 04046 Questions: Checkout our website for lots of	f information about our club and rides, as well as our contact information. www.MaineCoastCycling.com
Signature of Applicant\Participant	Signature of Parent or Guardian Date (if applicant is under 18 years of age)

This waiver applies to the calendar year	r of the riding season, Jan 1 – Dec 31.
RELEASE AND WAIVER OF LIABILITY, ASSUMP PARENTAL CONSENT AGREEMENT.	TION OF RISK, AND INDEMNITY AND
("AGREI	EMENT")
	any way in Maine Coast Cycling Club (MC3) sponsored
in good health, and in proper physical condition to participate will be conducted over public roads and facilities open to	d the nature of Bicycling Activities and that I am qualified, ate in such Activity. I further acknowledge that the Activity the public during the Activity and upon which the hazards that if, at any time, I believe conditions to be unsafe, I will ty.
Risks and dangers may be caused by my own actions, or it the Activity, the condition in which the Activity takes NAMED BELOW; (c) there may be OTHER RISKS AND to me or not readily foreseeable at this time; and I FULLY	ITIES INVOLVE RISKS AND DANGERS OF SERIOUS ILITY, PARALYSIS AND DEATH ("RISKS"); (b) these nactions, the actions or inactions of others participating in blace, or THE NEGLIGENCE OF THE "RELEASEES" D SOCIAL AND ECONOMIC LOSSES either not known ACCEPT AND ASSUME ALL SUCH RISKS AND ALL AGES I incur as a result of my participation or that of the
administrators, directors, agents, officers, members, voludadvertisers, and, if applicable, owners and lessors of premi of the "RELEASEES" herein) FROM ALL LIABILITY, CACCOUNT CAUSED OR ALLEGED TO BE CAUSED THE "RELEASEES" OR OTHERWISE, INCLUDING NAGREE that if, despite this RELEASE AND WAIVINDEMNITY AGREEMENT I, or anyone on my behalt	T NOT TO SUE Maine Coast Cycling Club (MC3), their inteers, and employees, other participants, any sponsors, see on which the Activity takes place, (each considered one CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY IN WHOLE OR IN PART BY THE NEGLIGENCE OF EGLIGENT RESCUE OPERATIONS; AND I FURTHER ER OF LIABILITY, ASSUMPTION OF RISK, AND f, makes a claim against any of the Releasees, I WILL H OF THE RELEASEES from any litigation expenses, y incur as the result of such claim.
GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, A INDUCEMENT OR ASSURANCE OF ANY NATU	
INITIAL HERE: I have reviewed and agree to adhere to the Maine Coast Cycling Club website. (https://www.nr.	ycling Club (MC3) Safety and Etiquette Guidelines posted ainecoastcycling.com/groupridinginformation)
PRINTED NAME OF PARTICIPANT:	
ADDRESS:	
ADDRESS: (Street) (City) (State) (ZIP)
DATE:	
PARTICIPANT'S SIGNATURE (only if age 18 or older):	I HAVE READ AND UNDERSTAND THIS RELEASE

Riding Season Year: _____ (please indicate the calendar year, i.e. 2024)

MINOR RELEASE

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 RELEASEE'S 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 THE RESULT OF ANY SUCH CLAIM

PRINTED NAMI	E OF PARENT/GUARDIAN:			
ADDRESS:				
	(Street)	(City)	(State)	(ZIP)
DATE:				
PARENT\GUAR	DIAN SIGNATURE (only if p	articipant is under the age of 18:	:	
I HAVE READ AN	ND UNDERSTAND THIS RELEA	 .SE		