

## LONE STAR CYCLISTS MEMBERSHIP APPLICATION

Individual or Family Memberships are \$20 per year. 1st year dues are pro-rated for renewal September 1st.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
*Please print*

City: \_\_\_\_\_ State: \_\_\_\_\_ 9-digit Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

New member Referred by: \_\_\_\_\_  Renewal

How did you hear about Lone Star Cyclists? \_\_\_\_\_

Birthday (Month/Day): \_\_\_\_\_ / \_\_\_\_\_  Do not print my e-mail address  Print my e-mail address

In submitting this application to be a member of the Lone Star Cyclists Club, I undertake to ride safely at all times. I understand that a bicycle is a vehicle and subject to the State of Texas laws as stated in the Texas Drivers Handbook. I also understand that Lone Star Cyclists encourages each member to wear an ANSI or Snell approved bicycle helmet as it greatly reduces the risk of serious, permanent injury. I ASSUME ALL RISKS AND LIABILITIES OF THE ACTIVITIES AND RELEASE LONE STAR CYCLISTS FROM ANY CLAIM BY ME, MY REPRESENTATIVES, HEIRS OR NEXT OF KIN. I UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND AM QUALIFIED TO PARTICIPATE IN SUCH ACTIVITY. I UNDERSTAND THAT THESE ACTIVITIES WILL BE CONDUCTED OVER PUBLIC ROADS AND FACILITIES OPEN TO THE PUBLIC DURING THE ACTIVITY AND UPON WHICH THE HAZARDS OF TRAVELING ARE TO BE EXPECTED. I FURTHER AGREE THAT IF AT ANY TIME I BELIEVE CONDITIONS TO BE UNSAFE, I WILL IMMEDIATELY DISCONTINUE FURTHER PARTICIPATION IN THE ACTIVITY. I FULLY UNDERSTAND THAT: (A) BICYCLING ACTIVITIES INVOLVE THESE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH. (B) THESE RISKS AND DANGERS MAY BE CAUSED BY MY OWN ACTIONS, OR INACTIONS, THE ACTIONS OR INACTIONS OF OTHERS PARTICIPATING IN THE ACTIVITY, THE CONDITION IN WHICH THE ACTIVITY TAKES PLACE, OR THE NEGLIGENCE OF THE PARTICIPANTS, ORGANIZERS, AND PATRONS OF LONE STAR CYCLISTS. (C) THERE MAY BE OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES EITHER NOT KNOWN TO ME OR NOT READILY FORESEEABLE AT THIS TIME, AND I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR ANY LOSSES, COST, AND DAMAGES I INCUR AS A RESULT OF MY PARTICIPATION IN THE ACTIVITY. I RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS LONE STAR CYCLISTS, THEIR RESPECTIVE ADMINISTRATORS, DIRECTORS, AGENTS AND EMPLOYEES, OTHER PARTICIPANTS, ANY SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LEASERS OF PREMISES ON WHICH THE ACTIVITY TAKES PLACE, FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THEM, INCLUDING NEGLIGENT RESCUE OPERATIONS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please circle the activities for which you will volunteer your help and services: Officer - Ride Leader - Special Events Membership - Website - Newsletter - Tour d' Italia - Other: \_\_\_\_\_

My riding pace average is (check one):

Easy (11.9 mph or less)  Moderate (12 - 14.9 mph)  Fast (15+ mph)

**Mail application and make check payable to: Lone Star Cyclists, 7237 Meadowbrook Dr, Fort Worth, TX 76112-5327. NEW MEMBER PRO-RATED DUES: Sept/Oct—\$20; Nov/Dec—\$17; Jan/Feb—\$14; Mar/Apr—\$11; May/June—\$8; and Jul/Aug—\$25 (also pays for the following year). Lead 6 rides during the year (from September to August), and earn a free year's membership.**