



MEMBERSHIP FORM
(http://www.southwestbikes.com)



Mission: To promote the sport of Cycling, Triathlon, Mountain Biking, BMXing and Multi-Sport Endurance events in Southern Nevada and built a rock-solid club for all levels of fitness and ages.

- checkbox New Member, checkbox Renewing Member, checkbox Honorary Member, checkbox Information Change

Birthdate: ___/___/___ (MM/DD/YYYY) *
Sex: checkbox Male, checkbox Female
Membership Type: checkbox New Member (\$80), checkbox Renewing Member (\$30), checkbox Family (\$45) **
Previous Race Experience: checkbox Sprint, checkbox Olympic, checkbox 1/2 Iron, checkbox Ironman, checkbox Road, checkbox Mountain Bike, checkbox T-Trial, checkbox BMX
Referred By: _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ E-mail address(s) _____

In Case of Emergency Please Contact _____ Emergency Contact # _____

CLUB WAIVER ****A signature and date is required****

PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT, WAIVER and REALEASE FROM LIABILITY (AWRL)

I acknowledge that Cycling, Triathlon, Mountain Biking, BMX Biking and multi-sport is an extreme test of a person's physical and mental limits and carries with it the potential for death, dismemberment, serious injuries, and property loss. I HEREBY ASSUME THE RISK OF PARTICIPATING IN ALL SOUTHWEST BIKES CYCLING CLUB FUNCTIONS. I certify that I am physically fit, have sufficiently trained for the participation in this event(s), and have been advised otherwise by a qualified medical person and/or physician. I acknowledge that my statement on this AWRL are being accepted by the USA Triathlon (USAT) and USA Cycling (USAC) in consideration for allowing me to become a club member in a USAT and USAC chartered Club and are being relied upon by USAT, USAC, the club organizers and administrators in permitting me to participate in any organized club function.

In consideration for allowing me to become a club member in a USAT / USAC Chartered Club and allowing me to participate in organized club functions, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors, and assigns: a) I AGREE to abide by the competitive Rules; b) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death, dismemberment, personal injuries, property damage, theft or damages of any kind which arise out of or related to my participation in, or my traveling to and from organized club function. THE FOLLOWING PERSONS OR ENTITIES; USAT, USAT Chartered Clubs, USAC, USAC Chartered Clubs, club sponsors, volunteers, all states, cities, counties, or localities in which club functions or segments of club functions are held, and the officers, directors, employees, representatives, and agents of any of the above; c) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released, or discharged herein; and d) I INDEMINIFY AND HOLD HARMLESS the persons or entities mentions above from any claims made or liabilities assessed against them as a result of my actions during an organized club function.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS.

MEMBER PRINTED NAME _____

MEMBER SIGNATURE _____

DATE _____

PARENT OR GUARDIAN SIGNATURE _____

DATE _____

(IF MEMBER UNDER 18 YEARS OF AGE)

Make check payable to: " Southwest Bikes " - and mail payment with application to :
Office Use Only: CHK # _____ Cash _____ Renewal Date: _____

Southwest Bikes
7260 W. Azure Drive #130
Las Vegas, NV 89130

Release: Please Initial The Following

The Release is an agreement between the Participant identified below and Southwest Bikes Cycling Club (SWBCC).

_____ All " SWBCC " memberships expire on December 31st of each year at 12 a.m., regardless of when a membership is activated. Existing members that desire to continue their membership are required to submit a new Membership Form no later than January 31st.

_____ I understand that I am responsible for all costs associated with my participation in races and other events (i.e. registration costs, transportation, lodging, meals, etc..) I understand that SWBCC Members are entitled to SWBCC member benefits as set forth by our annual sponsors. I understand that all benefits are dependent upon Sponsor pledges and other matters beyond SWBCC controls. I understand that all SWBCC benefits are subject to change without notice and SWBCC shall not be held liable for any such changes. I understand that my membership with SWBCC does not include a health insurance policy and that SWBCC shall not be responsible for any portion of my health care and that SWBCC strongly recommends that I maintain a health insurance policy in full force and effect.

_____ I understand there are serious known and unknown risks associated with cycling racing. I fully realize the dangers of participating in swimming, bicycle riding and running and I assume full responsibility for the risks associated with my participation, including, but not limited to the dangers of collision, dangers arising from surface hazards, water hazards, equipment failure, inadequate safety equipment, operator error, weather conditions, and all other known and unknown risks. I understand and accept full responsibility for all possible physical and / or mental trauma or injury, including death, associated with the sport of cycling and multi-sport competition.

_____ I agree to wear my helmet at all times while participating in any SWBCC, events, training or racing.

_____ This Membership Form is made in the State of Nevada and shall in all respects be governed by and construed in accordance with the laws of that state. Any and all suits seeking to enforce any provision of this agreement shall be instituted and maintained in the courts of Clark County, Nevada, and the Parties consent to the jurisdiction of such courts. Southwest Bikes Cycling Club assumes no responsibility of any promises, oral or written, beyond what is contained in this Membership Form and the official SWBCC documents and website (www.southwestbikes.com). I have read, understand and agree to abide by all terms and conditions of membership.

MEMBER PRINTED NAME _____

MEMBER SIGNATURE _____

DATE _____

PARENT OR GUARDIAN SIGNATURE _____

DATE _____

(IF MEMBER UNDER 18 YEARS OF AGE)