



Membership Form

It's All Down Hill from Here!

Member Information:

Last Name: First Name:

Address: Apt. #:

City: State: Zip:

Sex: Male Female Birth Date (mm/dd/yyyy): Age:

Home Phone: Cell Phone: Work Phone:

Email Address: List any email accounts you desire to have included in Descenders communications

Emergency Contact Information (*Required):

Primary Contact Name (First /Last):* Relationship:

Home Phone:* Cell Phone: Work Phone:

Email Address (Optional):

To protect rider privacy, member contact and personal data, along with provided emergency contact information will be held in strict confidence. This information will only be used in support of club communications and in emergency situations; it will not be distributed to any other outside third parties.

Membership Information:

Registration Date (mm/dd/yyyy): New Member Renewal

Annual Membership Fee - \$30.00

Annual membership period runs from January 1 to December 31. Membership fees are non-refundable and non-transferable.

Registration/Donation Mailing Instructions:

Attn: Descenders Membership Coordinator
9566 Oviedo St.
San Diego, CA 92129

Registration Payment Instructions:

Make checks payable to David Guidotti.
Please indicate Descenders Membership on the check.

Rider Waiver and Liability Release

For your application to be processed, you must agree to the Release by providing your signature.

In the consideration of the acceptance of my application for membership in the San Diego DESCENDERS Cycling Club (herein referred to as Descenders) I hereby freely agree to and make the following contractual representation and agreements:

- I acknowledge bicycling is an inherently dangerous sport and knowingly and voluntarily assume all risks associated with such participation including, by way of example, and not limited to the following dangers of collision with pedestrians, vehicles, other riders and fixed or moving objects, dangers arising from surface hazards, equipment failure, inadequate safety equipment and weather conditions and possibility of serious physical and/or mental trauma or injury, disability, including death or other loss or damage to my person or property arising from my participation in cycling.
- I further acknowledge that by signing this document, I am agreeing unconditionally to waive, release and discharge for myself, my heirs, executors, administrators, legal representatives, assigned and successors in interest (herein after collectively "successors") all rights and claims which I have against Descenders club members, officers, directors or sponsors in connection with any club activities organized or promoted by Descenders, including travel to or from any such activities.
- I understand and agree that situations may arise during Descenders activities such as club rides and other third party organized cycling events (including races) that may be beyond the control of Descenders and Descenders members responsible for organizing such events.
- I understand it is my responsibility to continually ride in a manner that neither endangers myself or others.
- I agree it is my sole responsibility to prepare for participation in cycling activities and to maintain my bicycle and equipment in proper working condition and will wear a helmet that can protect against serious head injury and assume all responsibility and liability for the selection of such a helmet.
- I agree for myself and successors, that the above representation are contractually binding and are not mere recitals. This agreement may not be modified orally and waiver of any provision shall not be permitted.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND I AM RELEASING SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER AND RELEASE OF LIABILITY. I VOLUNTARILY AND FREELY SIGN THIS WAIVER AND RELEASE OF LIABILITY.

Print Name

Rider Signature

Age: ____ Date: _____

Guardian Signature required if rider is under the age of 18.

Print Name

Guardian Signature

Date: _____