

**1400 Smith Street Cyclers
2017 - 2018 MEMBERSHIP APPLICATION,
WAIVER AND HOLD HARMLESS AGREEMENT**

I, _____, understand and agree that the **1400 SMITH STREET CYCLERS, also known as Team Chevron Cycling**, of which I am a participant, involves certain risks and that regardless of the precautions taken by the 1400 Smith Street Cyclers some bodily injuries may occur.

Specific risks/hazards involved in the 1400 Smith Street Cyclers include but are not limited to the following:

1. Vehicle accident traveling to and from rides or other events that can result in bodily injury and personal property damage
2. Injury from practices or competitions (including but not limited to broken bones, sprains, torn muscles and ligaments, contusions, abrasions, concussions and death)
3. Over-exertion injuries from activities (including but not limited to myocardial infarctions and strokes)
4. Temperature related injury (including but not limited to heat stroke, heat exhaustion, hyperthermia and hypothermia)
5. Injury from physical contact with other participants or spectators
6. Injury from the use of a bicycle.

A. Knowing this information, in consideration of my participation in the 1400 Smith Street Cyclers, I **voluntarily, expressly and knowingly release, waive, discharge and agree to hold harmless** the 1400 Smith Street Cyclers, its representatives, officers, advisors and agents, Chevron Corporation and all of its affiliates (herein collectively referred to as RELEASEES), from any and all liabilities, claims, demands, personal injury or death sustained by me while participating in any travel or activity conducted by, or under the auspices of, the 1400 Smith Street Cyclers **including injuries sustained as the result of risks associated with this activity and/or the negligence of the RELEASEES**. I further acknowledge that the 1400 Smith Street Cyclers are completely independent from Chevron Corporation, and that Chevron Corporation has no official connection with the 1400 Smith Street Cyclers. I further agree to indemnify RELEASEES for any loss or cost, including attorney's fees, they may incur as a result of me injuring another person or another person's property while participating in this activity.

B. In addition, I understand and agree the 1400 Smith Street Cyclers cannot be expected to control all of the risks articulated in this form but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. I understand that **the 1400 Smith Street Cyclers does not carry medical or accident insurance** for the activities mentioned unless I am informed otherwise. As such, I am aware that I should review my personal insurance portfolio.

By signing below, I acknowledge that I have read the foregoing waiver and hold harmless agreement, understand it and sign it voluntarily as my own free act and deed. In addition, I acknowledge that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement, or that my legal guardian is also signing. I execute this document for the consideration expressed, with a full understanding of its purpose.

Name: _____	Email: _____
Address: _____	City: _____
Zip: _____ State: _____	Phone: _____ (Home/Cell)
Signature: _____	Guardian: _____ (if under 18)
Emergency Contact: _____	Emergency Phone: _____

I understand that as a participating club member, I am:

1. Required to pay the dues (**\$30** per individual covering August 1st 2017 – December 31st 2018)
2. Required to complete the Group Riding Skills Safety Training at least once every three years
3. Encouraged to assist with at least one training ride during the training season or support the 1400 Smith Street Cyclers in some other capacity during the year (coordinate a ride, become a Ride Marshal, host a booth, etc.). 1400 Smith Street Cyclers is an entirely volunteer organization and insufficient volunteerism will impact the programs the Club is able to offer.

My relationship with 1400 Smith Street Cyclers is (check one):

- Chevron Employee Chevron Annuitant Chevron Contractor-OpCo _____ Office Location _____
- Family member of Employee, Annuitant or Contactor (Name of Chevron employee/annuitant sponsor _____)
- Friend of Employee, Annuitant, Contractor or family member (Name of Chevron employee/annuitant sponsor _____)

Completed Group Riding Skills Safety Training in last 3 years (Check one):

Yes No (circle one) If yes put the date of training participation: _____

Official Use Only

Due Collected: \$ _____ By: _____ Date: _____ Cash or Check (circle one)