

Road ID (included with membership)

Choose Color (Please circle selection):

Black Blue Red Yellow Pink Purple

Choose Size (Please circle selection):

Small Med Large XLarge

**MAJOR TAYLOR CYCLING CLUB OF LITTLE ROCK ARKANSAS  
(MTCCLR)  
MEMBERSHIP APPLICATION**

*ROCK CITY RIDERS*

Membership fee: \$35 Individual; \$65 Family

**Please print legibly the information requested below. All members must sign a waiver. Your completed application and membership fee may be mailed to: Major Taylor Cycling Club, c/o Sheila McDonald (Membership Captain), PO Box 17136, Little Rock, AR 72222-7136.  
(For more information call: Sheila McDonald at 501.310.1353 or Ron Sheffield at 501.231.6939)**

NAME \_\_\_\_\_ Year of Birth \_\_\_\_\_

ROAD NAME (if applicable) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HM PH \_\_\_\_\_ CELL PH \_\_\_\_\_

EMAIL \_\_\_\_\_

EMER CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PH \_\_\_\_\_

EMER CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PH \_\_\_\_\_

Known Medical History? \_\_\_\_\_ Medicine Allergies? \_\_\_\_\_

**WAIVER, RELEASE OF LIABILITY AGREEMENT  
(READ CAREFULLY BEFORE SIGNING)**

**ACKNOWLEDGEMENT OF DANGERS ASSOCIATED WITH CYCLING.** I acknowledge that bicycle riding is an inherently dangerous sport and I fully recognize the danger of participating in cycling. I fully assume the risks associated with such participation, including, but not limited to, the following: the dangers of collisions with pedestrians, vehicles, other riders, including other team members, and fixed or moving objects; the dangers arising from surface hazards, equipment failure, and inadequate safety equipment, the releasee's own negligence, and weather conditions. I recognize that, by participating in the sport of bicycle riding, I am exposing myself to the possibility of serious physical and/or mental injury, including death.

**ACKNOWLEDGEMENT OF RELEASE AND LEGAL CONSEQUENCES:** I acknowledge that by signing this document, I am releasing MTCCLR, its respective officers, agents, servants, employees, Club members, sponsors, promoters and affiliates from liability. This waiver and release is a contract with legal consequences that can be terminated by MTCCLR.

**CONSIDERATION.** I am signing this Waiver and Release Agreement as consideration for the permission extended to me to participate in the sport of cycling as a member of MTCCLR and acknowledge such permission as good and valuable consideration. My signing of this Agreement and payment of dues are preconditions to my being allowed to participate as a member of MTCCLR.

**UNCONDITIONAL WAIVER OF CLAIMS.** FOR ME, MY HEIRS, EXECUTORS, ADMINISTRATORS, LEGAL REPRESENTATIVES, ASSIGNEES, AND SUCCESSORS IN INTEREST (COLLECTIVELY "SUCCESSORS"), I HEREBY WAIVE, RELEASE, AND DISCHARGE ALL RELEASEES FROM ANY AND ALL CLAIMS RELATING TO MY PARTICIPATION IN THE SPORT OF CYCLING AS A MEMBER OF MTCCLR. THIS INCLUDES CLAIMS ARISING FROM MY OWN NEGLIGENCE, WHICH I HAVE OR WHICH MAY HEREAFTER ACCRUE TO ME, AND I AGREE TO HOLD THE RELEASEES HARMLESS FROM ANY AND ALL DAMAGES WHICH MAY BE SUSTAINED BY ME DIRECTLY OR INDIRECTLY IN CONNECTION WITH, OR ARISING OUT OF, MY PARTICIPATION IN THE SPORT OF CYCLING IN ASSOCIATION WITH THE MTCCLR.

**COVENANT NOT TO SUE.** I agree never to institute any law suit or action at law or claim for relief against the MTCCLR, its officers, agents, servants, employees, Club members, sponsors, promoters or affiliates and agree not to initiate or in any way assist in the prosecution of any claim for damages or other cause of action which I or my successors hereafter may have by reason of injury to me or to my property arising from the activities contemplated by this Agreement.

**MY RESPONSIBILITIES.** As a member of the MTCCLR, I agree that it is my sole responsibility to be familiar with the cycling courses, the terms and provisions of any waiver/release, any rules of the various cycling associations' sanctioned rides in which I participate, and with any special regulation(s) for bicycle rides. I understand and agree that situations may arise during a bicycle ride which may be beyond the immediate control of the ride officials or organizers, and I must continually ride so as not to endanger others or myself or jeopardize my Club's namesake. I accept responsibility for the condition and adequacy of my cycling equipment. I will wear a helmet at all times while riding my bicycle, and will ensure that said helmet satisfies the requirements of the United States Cycling Federation USCF, as well as other independent cycling federations that sanction bicycle riding events. I assume all responsibility and liability of such helmet. I have no physical or medical condition which, to my knowledge, would endanger others or myself if I participate in the sport of cycling as a member of the MTCCLR, or would interfere with my ability to safely participate in the sport of cycling as a member of the MTCCLR.

**AUTHORIZATION AND RELEASE (PROMOTIONAL MATERIALS).** As a member of the MTCCLR, I hereby irrevocably consent to and authorize MTCCLR, or those authorized by MTCCLR, to use, prepare, and reproduce images that have been taken of me or my minor dependents by or on behalf of MTCCLR in any digital, video, photographic and/or audio/visual formats, and thereafter to distribute, publicly display, and publicly perform for commercial or educational purposes in any medium of communication now known or later developed, including, but not limited to, Web sites, conferences and seminars, magazine or newsletter cycling industry, or any other lawful purpose, without compensation to me or my minor dependents. I also waive any right that I may have to inspect or approve the finished work(s) or the use to which it may be applied. I agree that the images taken of me in any format and any resulting reproductions shall constitute the sole property of MTCCLR, to copyright in its own name and with full right of disposition in any manner whatsoever.

**I HEREBY CERTIFY THAT I HAVE READ THIS DOCUMENT. I UNDERSTAND ITS CONTENT AND ACCEPT ALL RIGHTS AND RESPONSIBILITIES CREATED HEREIN.**

\_\_\_\_\_  
Signature  
(Signature of Guardian, if a Minor)

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date