

SVBC REGISTRATION FORM

Last Name: _____

Shenandoah Mountain Bike Festival, SVBC Membership, & Massanutten Trail Pass

Please provide your information and complete waiver on the back of this form.

2011 Shenandoah Mountain Bike Festival Fees

- Single Day Fee: \$20 x _____ \$ _____
- Two Day Fee: \$45 x _____ \$ _____
- Weekend Fee (Fri-Sun): \$55 x _____ \$ _____
- Age 12-21 Half Price: \$ ___ x _____ \$ _____

**Kid under 12 free

2012 SVBC Membership Fees:

SVBC annual membership runs on an annual basis beginning on January 1st of each year.

New or renewal memberships after September 1st will not expire until December 31st of the following year.

- Individual Membership \$15 \$ _____
- Family Membership \$25 \$ _____
(Includes all members of household.)
- Individual Lifetime Membership \$300 \$ _____
(Quarterly Installments of: \$75, \$75, \$75, \$75 available)
- Family Lifetime Membership Festival Special \$500 \$ _____
(Quarterly Installments of: \$125, \$125, \$125, \$125 available)

For family memberships.

How many cyclists in your household are over the age of 12? _____

- Please send my SVBCoalition communications via email.

2012 Massanutten Western Slope Annual Pass

3 Requirements for annual trail pass.

1. Must have 2012 SVBC membership
2. Must have a signed Massanutten Waiver
(if we have one on file you don't have to fill out one again)

3. I agree to volunteer 8 hours of Massanutten trail work in 2010: Intial: _____

Or

\$50 Donation to the Massanutten Trail Building Fund \$ _____

Your SVBC Additional Donation: \$ _____

TOTAL ENCLOSED: \$ _____

SVBC USE ONLY

Payment Method: cash \$ _____ check \$ _____ # _____

Date: _____

Initials: _____

SVBC REGISTRATION INFORMATION AND WAIVER

PLEASE PRINT CLEARLY

Name: _____

(Additional family members over 12): _____

Address: _____

City/State: _____ Zip Code: _____

e-mail: _____

Phone: _____

Emergency Contact Info:

Name: _____

Phone: _____

Shenandoah Valley Bicycle Coalition - 501 (c) 3 Non-Profit

In consideration of being permitted to participate in any way in the activities conducted, directed, and sponsored by Shenandoah Valley Bicycle Coalition, I, for myself, and for my personal representatives, assigns, heirs, and next of kin:

1. **Acknowledge**, agree, and represent that I understand the nature of mountain biking/bicycling activities and that I am qualified, in good health, and in proper physical condition to participate in such activities, and further, that the bicycle, helmet, and other equipment which I have provided and will be using are specifically designed for, and will sufficiently assure the safety for, participation in such activities. I further acknowledge that certain activities will be conducted over public roads, trails and facilities open to the public during the activities and upon which the hazards of traveling are to expected. I further agree and warrant that I will wear my helmet at all times while participating in the such activities, and that, if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
2. **FULLY UNDERSTAND** that mountain biking/bicycling activities involve risks and dangers of bodily injury, including permanent disability, paralysis and death (RICKS); these risk and dangers may be caused by my own actions for inactions, the actions or inactions of others participating in the activity, the conditions in which the activity takes place, or the negligence of the "RELEASEES" named below; 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 losses, cost, and damages I incur as a result of my participation in the activities conducted, directed or sponsored by SHENANDOAH VALLEY BICYCLE COALITION.
3. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** SHENANDOAH VALLEY BICYCLE COALITION, their administrators, directors, agents, officers, volunteers, an employees, other participants, and sponsors, advertisers, and if applicable, owners and lessees of premises on which the activities take place, (each considered one of the RELEASEES herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or I part by the negligence of the RELEASEES or otherwise, including negligent rescue operations; and I further agree that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RICH, AND INDEMNITY AGREEMENT, I, or anyone on my behalf, make a claim against any of the RELEASEES, I will indemnify, save, and hold harmless each of the RELEASSEES from any litigation expenses, attorney fees, loss, liability, damage, or costs which any may incur as the result of such claim.
4. **I have read this agreement**, fully understand its terms, understand that I have given up substantial rights by signing it have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

PARTICIPANT'S SIGNATURE: _____ DATE: _____
(Minors also sign here in addition to parent's signature below.)

I, the below named minor's parent and /or legal guardian, understand the nature of bicycling, activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activities. I hereby release, discharge, covenant not to sue, and agree to indemnify, save and hold harmless each of the RELEASEES from all liability, claims, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the RELEASEES or otherwise, including negligent rescue operations, further agree that if, despite this release, I, the minor or anyone on the minor's behalf makes a claim against any of RELEASEES, I will indemnify, save and hold harmless each of the RELEASEES from litigation expenses, attorney fees, loss liability, damage, or cost which any may incur as the result of such claim.

PARENT'S SIGNATURE: _____ Parents Name (Print): _____

DATE: _____ PARTICIPANTS'S NAME (under 18): _____