

PLEASE TELL US MORE ABOUT YOURSELF

MEMBERSHIP RATES:

Children 12 & under – \$15

Individual Membership – \$30

Family membership – \$50
(Waiver must be filled out for every family member)

Membership runs from
April 1 to March 31

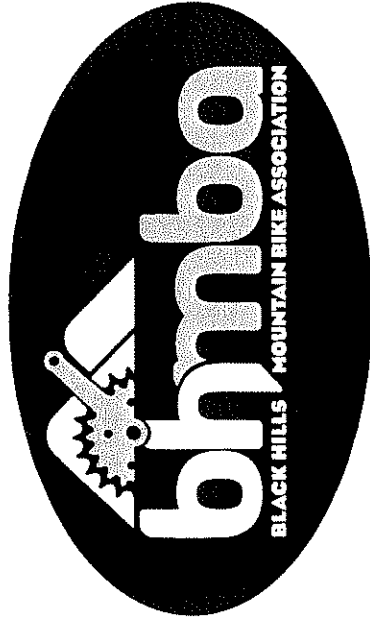
Name(s) _____

Address _____

City, State, Zip _____

Phone # _____ Cell # _____

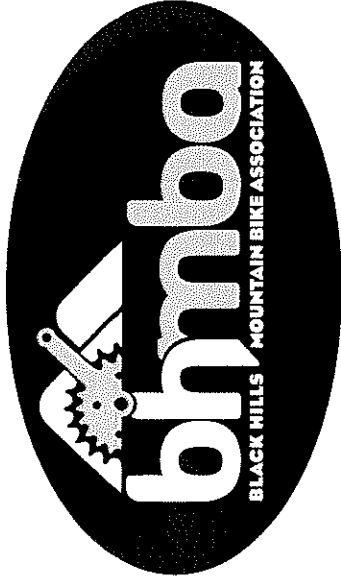
E-mail _____



Please make checks payable to **BHMBA**

Mail to:
BHMBA
PO Box 9351
Rapid City, SD 57709





Promoting Mountain Biking in the Black Hills

Membership Application

Your BHMB membership supports:

- Weekly mountain bike rides for all abilities and ages
- www.bhmba.org: your link to the area's cycling community
- Trail advocacy and development
- Mountain Bike Events (see website for details)
- IMBA Club Membership www.imba.com
- **BHMB maintains, protects, and creates new trails and riding opportunities!**

ACCIDENT WAIVER AND RELEASE OF LIABILITY PLEASE READ CAREFULLY!

IN CONSIDERATION of being permitted to participate in any way in the Black Hills Fat Tire Festival and all other activities (collectively, "Activities") sponsored by the Black Hills Mountain Bike Association ("BHMB"), I acknowledge that these Activities are an extreme test of a person's physical and mental limits, and I voluntarily assume all risks of all loss, damage or injury occurring in connection with such Activities. I fully understand that my participation carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, spectators, coaches, event officials, and event monitors, and/or producers of the event. These risks affect not only athletes, but also volunteers. I hereby assume all of the risks of participating and/or volunteering in these Activities. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, or from dangerous or defective equipment or property owned, maintained or controlled by them.

I certify that I am physically fit, have sufficiently trained for participation in these Activities and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form ("Waiver and Release") will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said Activities.

In consideration of my application and permitting me to participate in these Activities, I hereby take action for myself, my executors, administrator, heirs, next of kin, successors, and assigns as follows: (A) WAIVE, RELEASE and DISCHARGE from any and all liability, claims, demands, actions or rights of action, which are related to my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me which are related to or are in any way connected with participation in all BHMB Activities, THEIR FOLLOWING ENTITIES OR PERSONS: BHMB, and its directors, officers, employees, volunteers, representatives, agents, contractors, the event holders, event sponsors, event directors, event volunteers and their successors, assigns and insurers; and (B) INDEMNIFY AND HOLD HARMLESS the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during these Activities. I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT AND THAT BY SIGNING IT I AM GIVING UP MY RIGHT TO SUE OR OTHERWISE MAKE A CLAIM against BHMB and other entities and persons mentioned in this paragraph.

I intend this Waiver and Release to be effective whether or not any loss, damage, injury or death RESULTS FROM NEGLIGENCE of the BHMB or any of its directors, officers, employees, volunteers, representatives, agents, contractors, the event holders, event sponsors, event directors, event volunteers and their successors assigns and insurers. I understand that negligence means a failure to do an act which a reasonable careful person would do, or the doing of an act which a reasonably careful person would not do, under the same or similar circumstances to protect himself, herself or others from injury or death.

I hereby consent to receive medical treatment which may be deemed advisable in the even of injury, accident, and/or illness during this event. I understand that at these Activities or related events, I may be photographed. I agree to allow my photo, video, film likeness and email address to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

I agree to work on trails on scheduled work days and, if volunteering to work on non-scheduled work days, to contact BHMB's trail coordinator and obtain authorization from BHMB to work on trail. Any trail drainage or rerouting is not allowed without prior authorization from the Forest Service and any rogue/unauthorized trail-building is expressly forbidden without landowner's consent.

I agree to wear an ANSI or SNELL approved helmet and to ride in accordance with all applicable laws.

This Waiver and Release shall be construed broadly and provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document, understand its content, and voluntarily accept its provisions.

Name (please print) _____ Date _____

Signature _____ Date _____

If under 18 years of age, parent or guardian must sign below.

PARENT GUARDIAN WAIVER FOR MINORS
(Under 18 years old)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is in fact, acting in such a capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Signature _____ Date _____

On behalf of: _____