

STOWE BIKE CLUB, INC.
2024 MEMBERSHIP APPLICATION and WAIVER
Time Trial Series

Individual \$10.00 ____ Family \$15.00 ____
Non Member Participant (up to 2 events) ____

Name: _____ Birth Date: _____

Email address: _____

Home Address: _____

Phone: _____

Additional Family Member Names, birthdates, and emails: _____

RELEASE AND WAIVER OF LIABILITY. I may participate in the Time Trial series either in-person or on my own racing “virtually” and may participate in other events put on by the Stowe Bike Club, Inc. (SBC). I hereby acknowledge that these events are a physical activity and that all rules of the events and standards for personal and environmental protection must be followed. I understand that I must wear a helmet and that traffic laws must be obeyed while riding in these events. I agree to comply with all rules and regulations governing these events and any decision of the SBC Time Trial officials regarding my ability to safely participate. I know that participating in such events is a potentially hazardous activity and that I should not participate unless I am medically able and properly trained. I assume all risks associated with participating including, but not limited to, falls, contact with other participants, motor vehicles, the effects of the weather, including high heat and humidity, and the conditions of the roadways, all such risks being known to and appreciated by me. I am in good health and fully able to participate in these events. I hereby indemnify and hold the Stowe Bike Club, Inc. and its Officers, harmless from any liability for damages, injuries or other losses associated with my participation. I understand that SBC shall not be responsible or legally liable for any losses to personal property, or for any bodily injuries or the results thereof, incurred and suffered by me in connection with these events even though that liability may arise out of negligence or carelessness, provided such negligence or carelessness is not gross or willful. The Stowe Bike Club is not responsible for any traffic incidents I may be involved in while participating in an event. I give my consent for medical release should I be involved in any accident or health damaging situation and should I require medical treatment. I grant permission for the use of any photos, videotapes or other recordings of me participating in these events used for promotional purposes by SBC.

Signature Member/Participant: _____ Date: _____

Additional signatures: _____

Family members: _____

Guardian Signature for minors: _____

***SBC membership entitles you to participate in the full time trial series and social gatherings May through August 2024 and any social events planned, as well as miscellaneous other events. Participants may ride in up to two time trials before joining. All riders must sign waiver. Send completed application and check (made payable to Stowe Bike Club) to: Donna Smyers Treasurer, Stowe Bike Club, PO Box 102, Adamant, VT 05640. If riding no more than 2 Time Trials, you may email the completed form to dosmyers@gmail.com. For more information email: stowebikettclub@gmail.com or Facebook: Stowe Bike Club