

Parent/Guardian printed name

Fairbanks Cycle Club One-Day Membership and Release Form

for full membership, visit www.fairbankscycleclub.org



Date signed

Present completed form and cash payment to the organizer of the FCC event you are attending.

Name (please print)		Phone		Amt. Pd. (\$5/participant)
Address		City, State, Zip		
Printed name of additional	participating family member			
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	1 1 2			LIABILITY elated events, and activities, I, the
				ncluding the potential for e may reduce this risk, the risk of
,	FREELY ASSUME ALL STREET FREELY ASSUME ALL STREET	,		vn, EVEN IF ARISING FROM y participation; and,
unusual significant hazard		cipation, I will remov		pation. If, however, I observe any articipation and bring such to the
AND HOLD HARMLESS participants, sponsoring ag ("Releasees"), WITH RES property associated with mRELEASEES OR OTHER	THE FAIRBANKS CYCL gencies, sponsors, advertisers, PECT TO ANY AND ALL my presence or participation, WISE, to the fullest extent	E CLUB, its officers, s, and, if applicable, c INJURY, DISABILI WHETHER ARISIN permitted by law.	officials, agents owners and lesson TY, DEATH, LO G FROM THE N	rs of premises used for the activity OSS, OR DAMAGE to person or NEGLIGENCE OF THE
	f liability and assumption tantial rights by signing it		•	nd it's terms, and I understand lucement.
Participant's printed name	Birth date	Participant's signatu	re	Date signed
Participant's printed name	Birth date	Participant's signatu	re	Date signed
Participant's printed name	Birth date	Participant's signatu	re	Date signed
Participant's printed name	Birth date	Participant's signatu	re	Date signed
FO	R PARENTS/GUARDIAN (UNDER AGE 1	I <mark>S OF PARTICIPA</mark> 8 AT TIME OF REG		RITY AGE
release as provided above and agree to indemnify and	of all the Releasees, and, for d hold harmless the Released ograms as provided above, I	myself, my child and es from any and all lia	d our heirs, assignabilities incident	consent and agree to his/her ns, and my next of kin, I release to my minor child's involvement GLIGENCE OF THE

Parent/Guardian signature

Parent/Guardian
Birth date