



**Cycling Association of Star Valley  
Membership Application  
RELEASE CONSENT AGREEMENT**

IN CONSIDERATION of being permitted to participate in Cycling Association of Star Valley sponsored Bicycling Activities ("Activity") I, the undersigned, intending to be legally bound, do hereby for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge any and all claims I may now or in the future have against the CASV, or their officers members, and sponsors, and any other persons connected with any club activities, for any liability for personal injury, illness, death, or property damage sustained by me resulting from my participation in any activity sponsored by the CASV. Further, as a participant in CASV sponsored events, I assure the following to the CASV, and other participant:

1. I am in good health and able to complete activities in which I participate, and I am sufficiently prepared and experienced to undertake these type of activities.
2. My bicycle equipment is in good working order, and has the proper safety equipment.
3. I will wear an approved helmet while riding.
4. I will obey the motor vehicle and bicycle laws of Wyoming and other states in which we may ride, and I will obey the following CASV ride practices during this ride: - Be alert -Signal my intentions - Know my limits - I will not ride too close.
5. I understand that participants under the age of 18 must be closely supervised by an adult at all times during the ride.
6. If injured or disabled on any ride, or if I cause any injury, loss or damage, I will promptly alert the CASV.
7. I recognize the hazards inherent in the activity of bicycling, including the risks of serious bodily injury and death, and I nevertheless undertake this activity voluntarily.
8. I have read and understood all of the above rules and ride practices.

I have full legal authority to complete this registration. If any provision of this Liability Waiver shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Liability Waiver and shall not affect the validity and enforceability of any remaining provisions.

**Membership type**    Individual \$25    Family \$35    Junior \$15

Printed name of participant \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Street) (City) (State) (ZIP) \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email \_\_\_\_\_  
 Participant's signature (if age 18 or over): \_\_\_\_\_  
 I have read and agree to this release \_\_\_\_\_  
 Date: \_\_\_\_\_

**MINOR RELEASE**

I, the 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, in good health and in proper physical condition to participate in such activity, I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the CASV and officers from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "CASV and officers" or otherwise, including negligent rescue operations and further agree that if despite this release, I the minor or anyone on the minor's behalf makes a claim against any of the CASV and officers named above, I will indemnify, save and hold harmless each of the CASV and officers from any litigation expenses, attorney fees, loss liability, damage, or cost as may incur as the result of any such claim.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 (Street) (City) (State) (ZIP) \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): \_\_\_\_\_  
 I have read this release    DATE: \_\_\_\_\_

Mail completed form and check made out to CASV to: PO Box 327, Thayne, WY 83127