

Sun City TX Cyclists
Application & Hold Blameless and Indemnity Form
2019
Only One Person per Form

Print name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Cell Phone: (if desired) _____

Sun City residence – Buy a [member ship ticket here](#)

Non-Sun City Riders: The dues will be \$10 for the first member in a household and \$5 for the second member in the household. Please use a separate form for each person. Make checks payable to:

Sun City TX Cyclists

Please include dues with application form(s). Dues received in last quarter of the calendar year will be regarded as membership for the remainder of the current year and the following year.

New Member ____ **Renewal?** ____ (Please check one)

*Follow SCTX Cyclists on Facebook. Go to Facebook and key in **Sun City Cyclists** in the search box. Once you are on the page, ask to join the group.*

Please read and sign below:

In submitting this application, I hereby make known that I will hold blameless and fully indemnify (including legal expenses) in the case of accident, injury, illness or damage of any kind Sun City TX Cyclists (SCTxC), its officials, members and volunteers. I recognize that bicycling, like all forms of travel on public roads and streets, is potentially dangerous, including the possibility that property damage, illness, injury or death may result, and I voluntarily participate at my own risk. I further recognize that safety (including, but not limited to, the use of headphones), personal fitness, riding ability and condition of bicycling equipment are my personal responsibility. I agree to participate in keeping all SCTxC rides safe. I further understand that, even though adult bicyclists are not required by Texas law to wear helmets, that wearing an approved helmet is required for participation in SCTxC rides.

I intend that this agreement be binding on my heirs, executors, administrators, legal representatives, assigns, and successors in interests. I understand that these provisions may not be waived orally.

Signature: _____ Date _____

Check this box if you are willing to help in the 2019 Red Poppy Ride.

Mail to: **Sun City TX Cyclists**
147 Great Frontier
Georgetown, TX 78633