

# Orange County Wheelmen Single/Family Membership Application

## Mailing Information

Mailing Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_,  
Phone: \_\_\_\_\_ - \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_ - \_\_\_\_\_  
Emergency Contact: First: \_\_\_\_\_ Last: \_\_\_\_\_

## Rider Information (Fill out form below for each rider in your membership If there are more than two riders please copy form as needed)

Rider Name: First \_\_\_\_\_ Last \_\_\_\_\_  
Rider E-Mail Address: \_\_\_\_\_@\_\_\_\_\_  
Rider Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Rider Gender: ( ) Male ( ) Female  
Rider Password: \_\_\_\_\_ Note: Passwords must be different.

Rider Name: First \_\_\_\_\_ Last \_\_\_\_\_  
Rider E-Mail Address: \_\_\_\_\_@\_\_\_\_\_  
Rider Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Rider Gender: ( ) Male ( ) Female  
Rider Password: \_\_\_\_\_ Note: Passwords must be different.

## Membership Questions

Is this a renewal? Yes ( ) No ( )  
Do you want your name in Club Roster? Yes ( ) No ( )  
Do you want your name on the OCW Web Site? Yes ( ) No ( )  
Can we call you when we need Volunteers? Yes ( ) No ( )  
Do you want your newsletter US Mail ( ) E-Mail in PFD format ( )  
Newsletter e-mail address: \_\_\_\_\_

## Racing Information (Paramount Racing Only)

USCF License # \_\_\_\_\_ Category: Road \_\_\_\_\_ Track \_\_\_\_\_  
NORBA License # \_\_\_\_\_ Category: \_\_\_\_\_

## Annual Dues

Individual -----	\$29.00	_____
Family -----	\$35.00	_____
Paramount Racing * in addition to regular Dues	\$21.00	_____
Supporting Membership	\$42.00	_____
Total Enclosed -----		_____

Check or Money Order made payable to Orange County Wheelmen. Mail this signed application with payment to:  
Jim Walker  
15907 Lawnhill Drive  
La Mirada, CA 90638-2654

Riders must be eighteen years old to qualify for individual membership.  
Please include your Racing resume if you have racing experience.

ACCIDENT WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and 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, equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event.. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

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

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form 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 events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which my hereafter accrue to me or my traveling to and from this event, the following entities or persons: the directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (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 this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

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

I hereby certify that I have read this document; and, I understand it's content.

Signature \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature \_\_\_\_\_ (If member is a minor, parent must also sign)