

2010 Team Tortuga Membership Application

Please fill out all information:

Today's Date: _____

Home/School Address:

Name:

Street Address:

City:

State:

Zip:

Local Phone:

Email:

Summer Address (if different from above):

Street Address:

City:

State:

Zip:

Local Phone:

Riding Record

USCF Category:

Racing Age:

Years Licensed:

Have you ridden for a USCF team in the past?

NO

YES List your former teams: _____

Were you involved in any type of leadership or activity roles with your past teams, or other organizations?

NO

YES Please list former positions: _____

What other interests do you have besides cycling?

Why are you a good ambassador for Team Tortuga?

Have you been a member of Team Tortuga in the past?

NO

YES When: _____

Are you a student (circle one if applicable)?

IU Grad Student

IU Undergrad Student

If you are not a student, what is your occupation? _____

AGREEMENT:

I have completed the above membership application form from Team Tortuga and realize the information I have given will be used to determine my eligibility. The information contained in this application is true and accurate to the best of my knowledge. Additionally, by signing this form I acknowledge that I have read and agree to abide by the 2010 Team Tortuga membership rules.

Signed: _____ Date: _____

Tortuga Cycling Liability Release

I for myself, my heirs, executors, administrators, successors, and assignees do hereby:

1. Understand that participation in bicycle events is inherently dangerous, and that whether such events take place on public thoroughfares or off-road; whether in public or private areas; that there are ever-present dangers and risks of injury or death from either my own actions, or as a result of actions of others over whom neither Team Tortuga and its organizers and officers, hereinafter "releasee," nor I have any control.

2. I further acknowledge that I am aware of vehicle operation regulations imposed by Indiana State Law and of safety precautions involving bicycle equipment and clothing. I assume all risk for myself and assume all liability to others for my failure to have complied with those regulations and precautions, or for any failure to inspect my bicycle, and I therefore:

3. Release, discharge, and covenant not to sue the releasee from any and all claims and liability arising out of strict liability or ordinary negligence for any act which causes the undersigned injury, death, damages, or property damage. I hereby covenant to hold the releasee harmless and to indemnify the releasee for any claim, judgment, or expense the releasee may incur arising out of my activities in club-sponsored rides or events, both at the present date and at any future dates.

4. Certify that I have revealed below any and all medical conditions I have, or have had in the past, the concealment of which would compromise the effective treatment of any injuries I might sustain in the course of any club-sponsored activity or any club-related activity. These medical conditions are as follows:

(If you have no medical problems, write NONE.)

I have read this document. I understand that it is a release of all claims.

I understand that I assume all risks inherent in bicycling events. I voluntarily sign my name evidencing my acceptance of the above provisions and conditions.

Name (please print) _____ Phone number _____

Address _____

Emergency contact _____ Phone number _____

Date _____ Signature _____

*Signature _____

*(Parent or guardian of rider under 18 years of age)