

Interconnected Cyclist Membership Application Form

Name: _____ Birth Date: _____ (dd-mm-yyyy)

Address: _____

Personal Phone: _____ Emergency Phone: _____

Cycling Frequency: _____ Km/week, Started in: _____ (Month/Year)

Health/Medical Issue: _____

Bike Type: Fulsus Hard-Tail Ride Type: Off-Road On-Road

AGREEMENT and RELEASE of LIABILITY

*(**READ and SIGN** the agreed waiver below. Minor must have Parent / Guardian Signatures)*

I agree to abide by the rules of the Interconnected Cyclist (IC) Club. I agree to pay Club dues for Rp.10.000,- on a monthly basis. I understand that as a member of IC I may represent only IC and its sponsors in any open competition. I agree to abide by IC's Rules of Conduct and represent IC and its sponsors in a responsible, courteous, and professional manner during any competition, training, and in all other capacities. I agree to wear the names of IC's sponsors on clothing used in racing. I acknowledge that bicycling is an inherently dangerous sport in which I am participating at my own risk. I recognize that IC is a club formed to advance the sport of bicycling, the efforts of which directly benefit me. In consideration of the agreement for IC to grant me a membership, on behalf of myself, my heirs, assigns and personal representatives, I release and forever discharge IC, its members, sponsors, officers, promoters, and any affiliates from any liability, claims, loss, cost, or expense, due to any injuries, or even death, and waive any such claims against any such person or organization, arising directly or indirectly from or attributable in any legal way to any action or omission of any such person or organization in connection with sponsorship, organization or execution of any bicycle racing or sporting event, including travel to and from such activities of the IC racing events, or sporting events in which I may participate as a rider, team member, or spectator. To the best of my knowledge I have no physical condition which would interfere with my ability to participate in or attend any such event or would endanger my health thereby.

Signature _____ Date _____



Secretariat : **Diamond Palace, Blok C/27 Batam Center.** Phone: **08163601396; 08163686426**