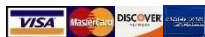




**THE RIDERS CLUB – BRINGING BOARD SPORTS TO SCHOOLS – SNOW SKATE SURF**

www.theridersclub.org 501(c)3 Non-Profit Corporation

**\$125 MEMBERSHIP - UNLIMITED RIDING SESSIONS SNOW SKATE SURF**



All Memberships are ANNUAL  
WE ALSO CASH AND/OR CHECKS. MAKE PAYABLE TO... **THE RIDERS CLUB**

Winter Mailing Address: **The Riders Club – The Loaf #143 – Carrabassett Valley, ME 04947**  
Spring/Summer/Fall Mailing Address: **The Riders Club – 6 Union Ave – Old Orchard Beach, ME 04064**

**ATHLETE’S INFORMATION (YOU MUST COMPLETE A FORM FOR EACH ATHLETE/CHILD)**

**Athlete’s Name:**

**Athlete’s Cell if applicable:**

Is this your first year with THE RIDERS CLUB YES / NO

Date of birth:

Age:

School Name & Town:

Grade:

**PARENT & LEGAL GUARDIAN INFORMATION RELEASE & AGREEMENT**

**PRINT: Legal Guardian(s)/Parent Name(s) authorized to complete and agree with this 2 page form:**

ADDRESS:

Cell and Home Phone numbers of legal guardian(s)/parent(s):

Email:

**INSURANCE INFORMATION**

Name of Insurance:

Athlete Doctor’s name and telephone:

Emergency contract, who do we call? Name and tele if different then legal guardian/parent:

**MEDICAL INFORMATION & RELEASE**

Consent: The undersigned parent/guardian signing this form/above for the participating athlete, hereby grant permission in case of injury, to have a physician or other medical personnel provide medical assistance and/or treatment to said athlete.

Use this space to List all concerns, conditions, or medications we should know about your athlete child:

I/we hereby give permission for the athlete to participate and be a member of The Riders Club and their activities. By granting this permission, I/we hereby represent and warrant that the athlete is physically capable of participating in any such activities. I/we acknowledge that there are certain inherent risks of injury (including death) and/or property loss or damage associated with many activities from snowboarding, skiing, surfing, skateboarding, recreation centers, automobiles and other activities that may or will be offered by The Riders Club. Safety is directly affected by the athlete's judgment and physical capabilities, often in a rapidly moving environment. It is the athlete's responsibility to stay within the limits of his/her own ability and good judgment. I/we agree to assume full responsibility for any/all risk of personal injuries or other damages which could arise, whether directly or indirectly, no matter how indirectly, from the athlete's participation in any/all activities with The Riders Club. I/we agree to take full responsibility for any injury (including death) or damage to personal property caused to the athlete/child or by my child to any parties whether such injury is caused by accidents or intentional or criminal acts or negligence. I/we agree not to sue and/or NOT to take any legal action or claims towards The Riders Clubs, co-founders, volunteers, their staff or their board of trustees/directors/members for any reason or any harm that is caused to the athlete/child or by my child to any parties (including death) and/or loss of or damage to property. It is the intent of this agreement/contract to protect The Riders Club and its members, trustees, officers, employees, coaches, staff, agents, volunteers, successors and assigns against all such claims, demands, liabilities, suits or other actions or cause of action whatsoever, whether alleging negligence or otherwise.

I/we understand that skiing/snowboarding/surfing/skating/other activities, events, training and competitions are potentially hazardous activities and may subject me or my athlete/child to the risk of; severe injury and death, even if the advice and instructions of The Riders Club are followed. I/we fully acknowledge and voluntarily accept these risks. Any injuries or loss of property that may occur while under the supervision of The Riders Club are not the responsibility of The Riders Club or its staff, athletes, coaches, members, co-founders or any of their officials. I/we hereby unconditionally waive and release any and all claims and agree not to sue The Riders Club from any claims, present or future, to me or my property, my athletes/child or to any other person or property, for any loss, damage, expense or injury (including death), suffered by any person from or in connection with us/me or our athletes/child's participation in any activities with The Riders Club.

Photo Release: I/we give permission to The Riders Club and their agents to take photographs and use photos and or other digital reproductions for publication purposes, whether electronic, print, digital or electronic publishing via the Internet for promotional purposes. I also give permission to receive text, calls, and emails, other "social" media outlets from THE RIDERS CLUB agents, members, co-founders, and staff.

About Concussion: A concussion is a type of traumatic brain injury caused by a bump, blow or jolt to the head. Any athlete that is suspected of having sustained a concussion/traumatic brain injury (TBI) must be removed immediately from participation in all The Riders Club activities/events. The athlete will be prohibited from further participation until evaluated and cleared to return in writing by a qualified health care provider trained in the evaluation and management of concussive head injuries. The health care professional must certify to The Riders Club in the clearance letter that he/she has successfully completed a continuing education course in the evaluation and management of concussive head injuries. All memberships, programs session and other pre-paid events are non-refundable and do not include life tickets, passes and other event fees, such as travel. No exceptions including injury. This form may be amended by THE RIDERS CLUB, and the members will be updated of any changes.

I/We have carefully read this 2 PAGE form/membership application and understand it to be a legally binding release and indemnity agreement and we/I agree to all the rules, languages and risks on this form. I/We give permission and authorize The Riders Club to verify the information provided on this form. I/We agree not to sue. If you have provided your credit card information you give THE RIDERS CLUB permission to charge your card. An email receipt will be sent to the parent/legal guardian listed on this form or providing the card info.

**Extra fees may apply to competitions and other scheduled events. Please note you must complete a form for each athlete.**

**\$125 unlimited riding sessions (snow skate surf) – all events and dates are published on our Facebook and website.**

Enter Amount enclosed \_\_\_\_\_

**THIS FORM IS THE PROPERTY OF THE RIDERS CLUB!**

**If paying by Credit/Debit enter info below....**

<b>Credit Card #</b>	<b>Name on Card</b>	<b>Card Expiration</b>
<b>Zip Code</b> and mailing address for Credit Card	<b>Amount to Charge \$</b>	<b>CVV</b> code (3 or 4 digit)

**SIGNATURE WE/I AGREE TO : IF COMPLETEING VIA ELECTRONICALLY, TYPE YOUR NAME BELOW.**

Sign here \_\_\_\_\_

Notes: