



**CAMBC** (Charlottesville Area Mountain Bike Club) is a volunteer run, non-profit organization devoted to preserving land access, maintaining existing trails, and developing new trail options for mountain bikers. CAMBC aims to enhance mountain bike touring, racing, fun, and fellowship for all mountain bikers in the areas in and around Charlottesville, Virginia. We help keep the trails you love to ride open to all mountain bikers. The CAMBC website and list-serve keep members informed of important issues, organized rides, trail work parties, races, socials, festivals, and other events. Please visit us at [www.cambc.org](http://www.cambc.org)! CAMBC is an IMBA affiliated club, please visit IMBA at [www.imba.com](http://www.imba.com). We hope you will join us and IMBA.

### CAMBC MEMBERSHIP APPLICATION

(PLEASE PRINT YOUR INFO HERE)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Evening Phone: \_\_\_\_\_ Work/Day Phone: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

I  am/  am not a new member. (check one). I learned about CAMBC from

**Volunteers** are the lifeblood of CAMBC. If you are interested in helping CAMBC in any of the following areas, we would greatly appreciate it! Please check all that apply:

- Trail Maintenance  Website Development and Maintenance  
 Newsletter Production  Junior Development Efforts  
 Club Administration  
 Leading Organized Rides for Women/Juniors/Beginners/All (please circle all that apply)

**Membership Options:** We are a grassroots organization with the following membership options:

- Basic Individual: Total = \$15 for IMBA Member  Supporting Member: Total = \$30  
 Basic Individual: Total = \$20 for Non IMBA Member  Singletrack Builder: Total = \$50  
 Family Membership: Total = \$25  Life Member: Total = \$250

(For "Family Membership," please list names and emails of each riding family member below)

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Additional contribution \$ \_\_\_\_\_ (These will benefit area trail maintenance and land access efforts.)

Current members - Please check here  if you have changed your address or other data.

***Make Checks Payable to CAMBC. Mail this form and payment to: CAMBC, 1581 Thornridge Way, Charlottesville, VA, 22911***

Please fill out release form (on back or attached) and sign.

***CAMBC thanks you for your interest!***

**CAMBC INSURANCE RELEASE**

I acknowledge that cycling and cycling-related activities are an extreme test of a person’s physical and mental limits and carry 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 at any Charlottesville Area Mountain Bike Club (CAMBC) affiliated 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 CAMBC 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 form will be used by any 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 any CAMBC-affiliated 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 may hereafter accrue to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: CAMBC’s directors, officers, employees, volunteers, members, representatives, and agents, event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether cause by the negligence of releases or otherwise.

I hereby consent to receive medical treatment that 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 assigns.

The Accident Waiver and Release of Liability 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 its content.

Print Rider Name	Age	Signature	Date

**PARENT OR GUARDIAN WAIVER FOR MINORS (Under 18 years old)**

The undersigned parent or guardian does hereby represent that any minor above is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant Name	Age	Signature	Date