



## Sierra Eastside Mountain Bike Association Join or Renew Today!!

We are passionate about improving mountain biking opportunities in the Eastern Sierra. SEMBA is 100% volunteer based and membership fees go directly towards trail advocacy, stewardship, group events, tools, insurance, etc.

**Membership Type: (checks payable to SEMBA, PO Box 8226, Mammoth Lakes, CA 93546)**

Youth (under 18) - \$20     Individual - \$35     Family - \$50     Business - \$75

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

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

Email: \_\_\_\_\_ Date: \_\_\_\_\_

### **ASSUMPTION OF RISK AND WAIVER OF LIABILITY Please Read Carefully - You are waiving legal rights.**

1. I acknowledge and agree that mountain biking, trail work, and all SEMBA activities are inherently dangerous. My enjoyment of these activities is derived in part from the inherent risks. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation in any and all SEMBA activities.
2. I RELEASE AND FOREVER DISCHARGE FROM ALL LIABILITY, SEMBA and/or its officers, officials, agents, employees, volunteers, participants, contractors, advertisers, sponsoring agencies, sponsors, land holders and lessors of premises used for SEMBA activities ("RELEASEES"), WITH RESPECT TO ANY AND ALL CLAIMS, SUITS, EXPENSES, DAMAGES, OR PROCEEDINGS OF ANY NATURE ARISING FROM ANY PERSONAL INJURY, DEATH, PROPERTY DAMAGE, ECONOMIC LOSS, OR OTHER LOSS sustained as a result of my participation in any SEMBA activity, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
3. I agree to carry identification at all SEMBA activities and to wear a helmet when riding. I further agree that if I suffer serious injury, SEMBA participants may arrange medical treatment and emergency evacuation services as deemed essential for my safety, and that I am responsible for those costs. I RELEASE ALL SEMBA PARTICIPANTS FROM ANY LIABILITY IN RENDERING AID TO ME.

**I HAVE READ THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AGREEMENT. I FULLY AGREE TO THE TERMS SET FORTH. I UNDERSTAND THAT I WAIVE SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant's Signature: \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE:** This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the RELEASEES, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the RELEASEES from any and all liabilities incident to my minor child's involvement or participation in any SEMBA activity, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Parent/Guardian (Print): \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_