



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 2486, 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: _____

SEMBA is a non-profit 501(c)3 organization and all contributions are tax deductible.