

**Airborne Mountain Bike Club and Landowners**

**Liability Release Agreement**

Please read and sign below:

***By my signature, I hereby make known the following:***

***I will hold blameless in the case of accident, injury, death or damage of any kind, the Airborne Mountain Bike Club of the Treasure Coast-Florida, Inc., its officers, members and volunteers, as well as the landowners, its officers, employees and shareholders upon which any of our trails reside. I recognize that bicycling/mountain biking is inherently dangerous, and I represent that I am a competent cyclist with safe equipment. I agree to wear a helmet that complies with US CPSC standards, as well as any other appropriate safety gear. I understand that I use this trail and participate in all club activities at my own risk, including trail workdays and special events. I further recognize that safety is my personal responsibility and I agree to participate in keeping all Airborne Mountain Bike Club of the Treasure Coast-Florida, Inc. rides safe. I agree to cause no harm to any other trail users, plants or animals. I agree to hold the club and the landowners harmless and indemnify the club and the landowners for all costs, judgments and awards that may be claimed including the cost to defend such claims brought by myself or another in my behalf or that of others.***

***In addition, I recognize that all trail work is to be done under the direction of the club and/or the landowner where the trail resides, and that unapproved trail work is strictly prohibited.***

***I fully understand that failure to comply with any of the above is grounds for me to be considered trespassing.***

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAMILY MEMBERSHIPS:**

A family membership includes immediate family members only (spouse and immediate children). **You must provide all family member names below** and they must also sign if 18 or older. If a family member is under 18 years of age, your signature constitutes your acknowledgement of this agreement as the parent or legal guardian on behalf of the minor family member.

**BUSINESS MEMBERSHIPS:**

Your business membership includes a free 1-year membership for yourself and up to 7 adult employees. These employees must also agree to this waiver and must include their names and signatures below.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_