

Sun City Cycling Club Membership Application
October 1, 2025 – September 30, 2026

Membership dues are due October 1st of each year. It is an easy four (4) step process:

1. Complete a bicycle safety class* (within the past two years): We recommend SAVVY CYCLING online class: <https://cyclingsavvy.org/online-bicycle-education/>
2. Complete the Sun City Cycling Club Membership Application form below.
3. Sign the Sun City Cycling Club's Release (Waiver) of Liability form.
4. Return the completed and signed forms with payment to:
 - Mail to Janet Swarstad, 7641 W Dahlia Dr., Peoria, AZ 85381 OR
 - Bring the forms to the next ride and give it to one of the officers. OR
 - Drop it off at the Bikers Edge Cycle & Fitness, 10545 N 83rd Ave, Peoria AZ 85345.

*The SCCC board voted on 9/12/2023 to require SCCC members to take one of these classes within the past two years before membership approval. See website for special SCCC safety class on October 15, 2025, which will satisfy this requirement.

- a. Recommended: SAVVY Cycling online safety class: <https://cyclingsavvy.org/online-bicycle-education/>
- b. League of American Bicyclists Smart Cycling online course: <https://learn.bikeleague.org/smart-cycling-3>

Membership status. Check one: New member _____ Renewal _____

Chapter Affiliation: Check one: Main Sun City Club _____ Dead Coyote Chapter _____

Please Print (legibly)

First Name: _____ Last Name: _____

Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: Cell: _____ Home: _____

Email: _____

I agree to have my name, phone number and email listed on a password protected membership list on the Sun City Cycling Club website: Yes _____ No _____

Emergency Contact Information

First Name: _____ Last Name: _____

Relationship: Spouse _____ Other _____

Phone: Cell: _____ Home: _____

* I certify that I have completed one of the two online Safety Classes listed above or their equivalent within the past two years: Check one: SAVVY Cycling _____ LAB _____ Other _____

Signature: _____

signature

Annual dues of **\$30** are due October 1 every year. Make checks payable to SUN CITY CYCLING CLUB.

Amount enclosed: Cash \$ _____ Check \$ _____ Credit Card (enter information below)

Bikers Edge Cycle & Fitness processes our membership credit card payments. You can also go there to pay.

Credit Card Information: Card Type _____ Visa _____ MC _____ Discover.

Name on Card: _____

Card Number: _____ Expiration Date: ____/____

Card Security Code: _____ Billing Address Zip Code: _____

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SUN CITY CYCLING CLUB RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

THIS IS AN IMPORTANT DOCUMENT THAT WAIVES YOUR LEGAL RIGHTS.

IN CONSIDERATION of my participation in any way in the Sun City Cycling Club ("Club") sponsored bicycle activities ("Activity"), I, for myself, my personal representatives, assigns, heirs and next-of-kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition, to participate in such Activity. I further acknowledge that the Activity will be conducted on public roads and facilities open to the public during the Activity and upon which hazards of traveling are to be expected. I further agree and warrant that at any time if I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING VIRAL INFECTIONS, BACTERIAL INFECTIONS AND OTHER COMMUNICABLE DISEASES AND ILLNESSES, PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITIES FOR LOSSES, COSTS, AND DAMAGES I may incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE AND COVENANT not to sue the Club, the LAB (League of American Wheelman, dba League of American Bicyclists "LAB", its respective administrators, directors, agents, officers, members, volunteers, and employees, any other participants, sponsors, advertisers, and, if applicable, any owners or lessors of the premises on which the Activity takes place, and the League of American Wheelmen (all collectively defined as "Releasees"), FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS. And I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expense, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

IN ADDITION, I AGREE to adhere to and comply with the following required guidelines and regulations as a condition to participate in this event:

1. I FULLY UNDERSTAND AND ACKNOWLEDGE that THE CLUB insurance COVERS ONLY FIRST TIME INVITED GUESTS AND CLUB MEMBERS.
2. I further agree to adhere to the policies of Sun City Cycling Club as posted on their website at <https://suncitycycling.com/>
3. I FURTHER AGREE that as a participant in any Club Activity, I must obey all Arizona traffic laws and must wear an ANSI, ASTM, or Snell-approved helmet at all times.
4. I AGREE to permit emergency medical treatment in the event of injury or illness.
5. I GIVE FULL PERMISSION for the use of my name and photograph in connection with an SCCC event.

I AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTENT IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Member's Signature Required (only if age is over 18)

Please Print: First Name: _____ Last Name: _____

Signature: _____

Date: _____