COMPLETE BOTH SIDES

Albany Bike Rescue

MEMBERSHIP / VOLUNTEER APPLICATION AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

Member Contact Information Date: _____

First Name: _____Nick Name (opt): _____Last Name: _____
Email Address (required):_____
Phones (opt) Mobile: _____ Home: _____ Work:_____
Street Address:_____
City: _____ State: _____ Zip Code: _____
Are you at least 18? □ Yes □ No If under 18? Guardian Name: _____

The Member desires to work with and for ABR and to engage in the Activities related to being a member. The Member or Parent understands that the Activities may include repairing, replacing, restoration and reconstructing bicycles, working in the ABR offices, using bicycle parts from ABR, and riding bicycles from ABR or bicycles that have been serviced at any ABR event, and that the Activities pose serious potential physical risks and hazards.

Waiver and Release of Liability – Please Read Before Signing!

This Release and Waiver of Liability (the "Release") executed on this ___ day of _____, 20___, by _____ (the "Member") or parent or legal guardian of a minor member ("Parent") in favor of Albany Bike Rescue, Inc., ("ABR") a New York State not-for-profit corporation, its agents, directors, officers, employees, members, independent contractors, all other persons acting under their direction or control, and their successors and assigns (collectively with ABR the "Released Parties").

The Member or Parent hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver. Member or Parent does hereby release and forever discharge, hold harmless and indemnify the Released Parties from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Member's Activities at ABR.

Member or Parent understands that this Release and Waiver discharges the Released Parties from any liability or claim that the Member may have against the Released Parties with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Member's Activities with the Released Parties whether caused by the negligence of the Released Parties or otherwise. Member or Parent also understands that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment. Member or Parent does hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Member's Activities with ABR.

Assumption of Risk. The Member or Parent understands that the Activities include work that may be physically hazardous to the Member, including, but not limited to repair, replacement, restoration, and reconstruction of bicycles, using bicycle parts from ABR and riding bicycles from ABR or bicycles that have been serviced at any ABR event.

Member or Parent hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases the Released Parties from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance. The Member or Parent understands that, except as otherwise agreed to by ABR in writing, ABR does not carry or maintain health, medical, or disability insurance coverage for any Member. Each Member or Parent is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photos. The Member or Parent consent to allowing ABR to photograph member for advertising purposes, promotions, display, and general use. All forms of media or pictures are including in this release.

Other. Member or Parent expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New York, and that this Release shall be governed by and interpreted in accordance with the laws of the State of New York. Member or Parent agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Member or Parent has executed this Release as of the day and year first above written.

Member or Guardian: _____ Witness: _____

Volunteer Application: Complete this part if you want to Volunteer with us! ABR is operated entirely by volunteers who share a love for bicycling. The main goals of the organization are to teach bicycle maintenance skills, to rescue bicycles, and to distribute them to the community. ABR strives to teach members to maintain their own bicycles so they can in turn teach others what they have learned.

Although a bicycle mechanic is the most obvious volunteer role, the organization needs and welcomes people with many other types of skills.

What brings you to ABR and how do you see yourself contributing to ABR? What would you like to help us do? Check all that apply:

	Bike Mechanic		Grant Writing		Web Design
	Teaching		Fundraising		Social Media
	Bike Distribution		Construction		Database Development
	Bike Parts Clean/Sort		Transportation		Email/SMS Development
	Test Ride Bicycles		Greeting		General IT/Programming
	Community Outreach		Event Planning		Recruiting
	Networking		Event Tabling		

Volunteer Availability

ABR offers four different kinds of service events. Which interest you? Check all that apply.

□ Open Shop (Weekly, Tuesday 530pm - 730pm)
□ Training Classes FUTURE
□ Volunteer Shop (Weekly, Thursdays 6:00-8:00 PM)
□ Community Events (Individually Scheduled, Typically on Saturday or Sunday)

Volunteer Member Expectations

As a valued volunteer member, I will keep the following as my expectations:
I have read the ABR Code of Conduct and agree to abide by it.
When I attend ABR shop I will spend the majority of that time in a volunteer capacity.
I agree to volunteer approximately 6 hours per month for ABR. (Volunteering outside of official shop, event, or meeting time counts towards the volunteer time goal.)

_____ _____
Volunteer Signature Date