

Lone Star Randonneurs

Phone: 817-460-5734

Email: driscoll@flash.net

Membership & Release Form

Please include a \$25 check payable to:

Lone Star Randonneurs
c/o Dan Driscoll
2811 Hollywood Drive
Arlington, TX 76013

Name: _____ RUSA# _____ Date of Birth: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Emergency Contact Information

Name: _____ Phone: _____

Waiver and Release of Claims

In consideration of my registration, I, the undersigned, assume full and complete responsibility for any injury or accident that may occur during my participation in any Lone Star Randonneurs event. I hereby release the organizers, riders, and volunteers of this event and Randonneurs USA from any and all claims, demand rights or clauses, present or future, whether known, anticipated, or unanticipated, resulting from or arising out of, or incident to, whole or part, my participation in any Lone Star Randonneurs event and related activities, whether or not caused by negligence of the parties released hereby. I understand that I must ride in a safe manner. I understand that it is my responsibility to provide and wear my own "ANSI" or "Snell" approved helmet during my participation in any Lone Star Randonneurs event and I will observe all traffic laws. I understand that no one is authorized to make statements or representations, either verbally or in writing, which in any way contradicts this waiver and release of claims. By signing below, you become a member of Lone Star Randonneurs.

Participant Signature: _____ Date: _____

In addition to the above, I have read RUSA & Lone Star Randonneurs "Rules for Riders" from their respective web sites or from printed copies provided to me (if asked for). I agree that I understand these rules and intend to abide by them.

Participant Signature: _____ Date: _____

LONE STAR
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