

Druid City Bicycle Club Membership Application 2012

NAME: _____ D.O.B. _____

FAMILY NAMES: (spouse, children) _____

PHONE: (H) _____ (W) _____

(C) _____ (ICE) _____

ADDRESS:

CITY: _____ STATE: _____

ZIP: _____

E-MAIL:

We are interested in:

____ Recreational Riding

____ Advocacy

____ Touring

____ Triathlons/ Duathlons

____ Road Racing

____ Commuting

____ Mountain Biking

____ Mountain Bike Racing

____ Cyclocross

____ Youth Bicycle Safety and

Training

Other: _____

DCBC Membership expires December 31st of each year.

Complete this form (2 pages) and, along with a check for \$25 (full-year fee for individual or family) or \$15 (student) made out to Druid City Bicycle Club, mail to: Druid City Bicycle Club P.O. Box 523 Northport, AL. 35476

Release of Responsibility

The person signing this document certifies that he/she has examined the information on this release form and membership application and that all information is complete, true, and correct. For the sole consideration of being allowed participation in Druid City Bicycle Club (DCBC) activities, the undersigned hereby releases and forever discharges DCBC members, agents, officers, volunteers, personal representatives, their heirs, successors and all other persons, firms, and corporations liable or who might have claimed to be liable (all and each "Release Person") from any and all claims, demands, damages, actions, causes of action or suits of any kind and nature whatsoever, and particularly on account of all future injuries both to the person and property which may have resulted, or may in the future, develop from participation in or traveling to and from DCBC activities or hazardous nature and dangers of participating in any club activities, including by way of example and not limitation, the following: collisions with pedestrians, vehicles, other riders, and fixed or moving objects; safety hazards, equipment failure, inadequate safety equipment, and weather conditions; and the possibility of serious physical injury associated with cycling (each and all of which shall be referred to as ('injury')).

This release has been completely read by or to the undersigned and the terms hereof are fully understood and voluntarily accepted for the purpose of releasing each Released Person from any and all claims, disputed or otherwise on account of any injury.

Participant's Signature: _____

Date: _____

(Signature of Guardian, if under 19):

Health Information

If you have any information that may be relevant in case of an accident or emergency...such as serious allergies, heart conditions, diabetes, medications, etc.please make a note of it here: _____