

## MEMBERSHIP APPLICATION (please print or write legibly)

Name(s)			Ages (if under 18)		
Addı	ess	City		Sta	ateZip
Address(Cell)		E-Mail		il	<del> </del>
Occi	upation:				
Inter	ests & Skills				
□ N	ew □ Renewal	1 year option		☐ Family (\$30)	☐ Individual (\$20)
		3 year option	1	☐ Family (\$80)	☐ Individual (\$54)
Му	cycling interests: (check & circle a	ıll that apply)			
	Day rides: Sat.am Sun.am Sun.pm			Tandem rides	
	Weekday morning (M T W Th F) Weekday EDT evening (M T W Th F) Distance rangemi			Social events (suggestions:)	
	Pace rangem	n <b>oh</b>		Commuting	/
	Touring (including overnight tours	s) [		Advocacy and/or le	egislation
	Quarter, half, 100K, & full centurie			,	
l wil	I support the club objectives by a	assisting with	ı: (	check all that apply	)
	Club officer	1		•	ce projects (cycling
	Leading day rides			related)	
	Maps & routes			Adopt-a-Highway project	
	Publicity			Website articles	_
	Social events (Club meetings, pici			Driving sag wago	
	parties, etc.)			Bicycle mechanic	
	Special bike events (e.g. special r festivals, etc.)			Cycling education Audio-Visual pres	
	Advocacy, legislation			Photography	oci italiUH5
	Greenways & trails projects	ı	ш	Thotography	

Send completed registration form & signed liability waiver (over) & check made out to Cape Fear Cyclists to: Cape Fear Cyclists, 4408 Wrightsville Ave., Wilmington, N.C. 28403.

For inquiries and membership information, write:  $\underline{\text{president@capefearcyclists.org}} \text{ or } \underline{\text{membership@capefearcyclists.org}}$ 

## Cape Fear Cyclists Membership Application Liability Waiver

Please fill out the form on reverse side, read & sign this liability waiver.

Send completed application & check to:

Cape Fear Cyclists, 4408 Wrightsville Ave., Wilmington, NC 28403

**Waiver:** In consideration of the Cape Fear Cyclists' allowing me to participate in club rides and events, and intending to be legally bound, I release and discharge any and all claims for damages for death, personal injury or property damage, which I may have, or which may hereafter accrue to me, as a result of my participation in club rides and other activities. This waiver/release is intended to discharge in advance the Cape Fear Cyclists, its officers, ride leaders, and members from and against any and all liability arising out of or connected in any way with my participation in Club rides and activities, even though that liability may arise out of negligence or carelessness on the part of the Cape Fear cyclists, its officers, ride leaders, and/or members or guests.

I further understand that serious accidents occasionally do occur on bicycle rides and that participants occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence. Knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless the Cape Fear Cyclists, its officers, ride leaders, and members who (through negligence or carelessness) might otherwise be liable to me for damages and injuries. It is further understood and agreed that this waiver, release and assumption of risk is binding on my estate, my heirs, and assigns.

Signature:	Date:
Signature:	Date:
Parent or Guardian: (if under 18)	