

Twin Cities Bicycling Club Membership Application



Member Information	
Name (First) (Middle/Initial) (Last)	
Address (Street) (City) (State) (Zip)	
Gender: M F	Birth Date
Home Phone	e-mail

Emergency Contact	
Name	e-mail
Phone 1	Phone 2

How did you hear about us? (check any that apply)	
<input type="checkbox"/> Brochure in bike shop, etc.	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Friend	<input type="checkbox"/> Watermelon Ride
<input type="checkbox"/> Internet	<input type="checkbox"/> WOW (Weekend on Wheels) Ride
<input type="checkbox"/> MN Ironman Bike Ride	<input type="checkbox"/> Other

How would you like to receive your TCBC newsletter? (circle all that apply) Online Mail

My special skills or talents are: (check all that apply)		
<input type="checkbox"/> Bicycle advocacy	<input type="checkbox"/> Graphic design	<input type="checkbox"/> Public speaking/outreach
<input type="checkbox"/> Bicycle mechanics	<input type="checkbox"/> Finance/Accounting	<input type="checkbox"/> Ride leader
<input type="checkbox"/> Bicycle safety	<input type="checkbox"/> Fundraising	<input type="checkbox"/> SAG support
<input type="checkbox"/> Board membership	<input type="checkbox"/> Media relations	<input type="checkbox"/> Web design
<input type="checkbox"/> Club Statistics	<input type="checkbox"/> Medical support	<input type="checkbox"/> Working with youth
<input type="checkbox"/> Computer systems/support	<input type="checkbox"/> Merchandise sales	<input type="checkbox"/> Writing
<input type="checkbox"/> Cooking	<input type="checkbox"/> Project management/planning	<input type="checkbox"/> Other
<input type="checkbox"/> Event Coordinator	<input type="checkbox"/> Publicity/marketing/sales	

Profession _____ Are you interested in volunteering for the Club? Yes No

Annual Membership Fees (check one)	
<input type="checkbox"/> INDIVIDUAL \$25.00	<input type="checkbox"/> HOUSEHOLD \$35.00

If this is a household membership please list the first and last names of other bicyclists in your household (such as spouse, children, etc):			
_____ M F	_____ M F	_____ M F	_____ M F
Name Birth date	Name Birth date	Name Birth date	Name Birth date
_____ M F	_____ M F	_____ M F	_____ M F
Name Birth date	Name Birth date	Name Birth date	Name Birth date

Make checks payable to: **TCBC** (Please do not staple checks.)

Mail this completed form and your check to:
Twin Cities Bicycling Club - Membership

Liability Release and Waiver

Please read and sign the Liability Release and Waiver below

P.O. Box 131086
Roseville, MN 55113

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (AGREEMENT)
FOR LEAGUE OF AMERICAN WHEELMEN d/b/a LEAGUE OF AMERICAN BICYCLISTS (LAB)**

IN CONSIDERATION of being permitted to participate in any way in Twin Cities Bicycling club ("Club") sponsored Bicycling 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 over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time 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 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 other 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 RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE, NOW OR IN THE FUTURE, the Club, the LAB, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered to be one of the "RELEASEES" herein) 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 the 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 expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, FULLY 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 INTEND 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 TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. **THIS WAIVER IS IN EFFECT FOR 365 DAYS OR UNTIL YOUR TCBC MEMBERSHIP EXPIRATION DATE, WHICHEVER IS EARLIER.**

PARTICIPANTS NAME (PRINTED) _____

PARTICIPANTS SIGNATURE (only if age **18** or over) _____ **TO BE SIGNED ELECTRONICALLY**

ADDRESS _____
Street City State Zip

PHONE _____ DATE _____

MINOR RELEASE - (COMPLETE FOR PARTICIPANTS UNDER THE AGE OF 18)

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEE'S" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE AND HLOD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF NAY SUCH CLAIM.

MINORS NAME (PRINTED) _____ BIRTH DATE OF MINOR _____

SIGNATURE OF MINOR PARTICIPANT _____ **TO BE SIGNED ELECTRONICALLY**

PARENT/GUARDIAN NAME (PRINTED) _____

PARENT/GUARDIAN NAME SIGNATURE _____ **TO BE SIGNED ELECTRONICALLY**
(only if participant is under th age of 18)

ADDRESS _____
Street City State Zip

PHONE _____ DATE _____