

Siskiyou Velo Membership Application

Name_____

Street Address_____

City_____ State_____ Zip_____

Phone_____

Email_____

Age

☐ 18-35

☐ 36-45

☐ 46-55

☐ 56-65

☐ 66+

Type of membership

☐ Individual \$15 per year

☐ Family \$20 per year

☐ Business \$25 per year

☐ New member

☐ Renewal

Information blocking items (items checked will not be available on the secure pages of website)

☐ Phone number ☐ Address ☐ Email address ☐ All

E-Mail I would like to receive club e-mails ☐ Yes ☐ No

Volunteering- I am interested in

☐ Committee work ☐ Officer positions ☐ Newsletter ☐ Ride leader ☐ Other _____

Siskiyou Velo Ride Waiver:

In consideration of my participation in Siskiyou Velo, I hereby waive, release, and discharge any and all claims for damages, death, personal injury, or property damage which I may have, or which hereafter accrue to me, as a result of my participation in said organization or its activities, including but not limited to club organized rides and events. This release is intended to discharge in advance, Siskiyou Velo, its officers and agents, and any involved municipalities or other public agencies, from and against any and all liabilities arising out of, or connected in any way with my participation in said organization. I further understand that serious accidents occasionally occur during bicycle riding, and that participants occasionally sustain mortal or serious personal injuries and or property damage as a consequence thereof. Knowing these risks of bicycle riding, I hereby assume those risks and do hold harmless all persons or entities related to Siskiyou Velo who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I acknowledge that an ANSI helmet is required to be worn by me at all times while riding a bicycle in any Siskiyou Velo event. By signing this release, I hereby agree to the terms of this release.

Signature_____

Applicant_____ Date_____

Parent or guardian of minor_____

Mail completed application and check (payable to Siskiyou Velo) to:

Siskiyou Velo Membership, PO Box 974, Ashland, OR 97520