

# Siskiyou Velo Membership Application

|   |              |            |   |  |  |
|---|--------------|------------|---|--|--|
| <b>Name</b>   |              |            | <b>Age</b><br>[ ] 18-35   | <b>Type of Membership</b> (check one box in each cell below)   |  |
| <b>Street Address</b>   |              |            | [ ] 36-45<br>[ ] 46-55<br>[ ] 56-65<br>[ ] 66+  | [ ] Individual – \$15/year<br>[ ] Family – \$20/year<br>[ ] Business – \$25/year   | [ ] New<br>[ ] Renewal   |
| <b>City</b>   | <b>State</b> | <b>Zip</b> |   |  |  |
| <b>E-Mail Address</b>   |              |            |   | <b>Phone</b>   | <b>Any new Information included?</b> (e.g., street address, e-mail address, phone, NL distribution)<br>[ ] Yes      [ ] No |
| <b>Information Blocking Options</b> (items checked will <u>not</u> be available on the secure pages of the web site)*<br>[ ] Phone Number    [ ] E-mail Address    [ ] Residence Address    [ ] All<br><small>* Access to roster on web will require member ID and password</small>   |              |            |   | <b>Newsletter Distribution Election</b><br>[ ] Snail mail (cost borne by Club)<br>[ ] Electronic (via web site – notification by e-mail) |  |
| <b>Make Checks Payable to:</b> <b>Siskiyou Velo</b><br><b>P.O. Box 974</b><br><b>Ashland, OR 97520</b>  |              |            | <b>Volunteering</b><br>[ ] Committees (MLC, etc.)    [ ] Newsletter    [ ] Ride Leader    [ ] Officer position<br>[ ] Other _____ |  |  |
| <b>Waiver</b><br><p>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 their activities such as club organized rides and events. This release is intended to discharge in advance, the Siskiyou Velo organization or officers, 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 the risks of bicycle riding, nevertheless, I hereby assume those risks and do hold harmless all persons or entities related to the Siskiyou Velo Bicycle Club 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 certified 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.</p> |              |            |   |  |  |
| <b>Signature(s)</b><br>Applicant _____ Date _____<br>Parent or Guardian of Minor _____ Date _____   |              |            |   |  |  |