

Spoke and Wheel Bicycle Club
Anderson, Indiana
www.spokeandwheel.funurl.com
Membership Application

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Home Phone: () Work Phone: () e-mail: _____

Single Membership _____ Family Membership _____ (check one).

Would you like to receive the newsletter via regular mail _____, or e-mail _____ (check one).

If you are applying for a family membership, please list the names of your family below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Riding History

What type of bicycle do you ride? (Include all the bikes you ride)

Road _____ Mountain _____ Tandem _____ Hybrid _____ Recumbent _____

Average miles ridden per week?

1 to 10 _____ 10 to 25 _____ 25 to 50 _____ 75 to 100 _____ More than 100 _____

How many years have you been riding? _____

Yearly membership fee: \$10.00 single/family. Payable to: Spoke and Wheel
409 Central Way, Anderson, IN 46011

I have enclosed the amount of (\$ _____) for _____ years membership.

Membership fees are due by April 1st of each year.

Do you have a friend who would like to join? Please give us their name and address.

Name _____
Address _____ City _____ State _____ Zip _____
Phone () _____

Each year we will publish a membership phone directory. If you do not want your phone number or e-mail address in the directory, place your initials in the space provided. (_____).

Please read the release on the opposite side and sign.

Spoke and Wheel Bicycle Club

Membership Application

Release and wavier

In Consideration of being able to participate in any way in **Spoke and Wheel Club**

sponsored bicycling activities. 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 to participate in such activity. I further acknowledge that the activity will be conducted over public roads and trail 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 invoke 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 inaction’s, the actions or inaction’s of others participating in the activity, the condition in which the activity takes place, or the negligence of the releases 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 in the activity.
3. **HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the club, their respective administrators, directors, agents, and employees, other participants and sponsors, advertisers, and if applicable, owners and leasers of premises on which the activity takes place from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or part by the negligence of the releases or otherwise, including negligent rescue operations.

Also note: A parent or legal guardian must accompany children under the age of 15 years.

I have read this agreement, fully understand it’s terms, and I understand that I have given up substantial rights by signing it and have signed it freely and without an inducement or assurances of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance notwithstanding, shall continue in force and effect.

Signed _____ Date ____/____/____
Signature of parent or legal guardian _____