

Big Wheels Bicycle Club, Inc.: Membership Application

NAME(S) _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

DATE OF BIRTH: _____/_____/_____

TELEPHONE: _____ **EMAIL:** _____

Do you want your e-mail listed in a membership directory? Yes/No

Liability Release: I understand that the Big wheels Bicycle Club, Inc. ("the club") makes no claim to the safety of any route, traffic or the competence of other participants and that the club and the public in which hazards may exist. I am aware of the difficulties of the activities of the club and warrant I am competent to participate in them. I warrant that my equipment is in safe operating condition and I have no health condition that old affect my ability to safely participate in their activities. I will abide by all traffic laws and regulations. I understand that the club is not responsible for nor an insurer of my personal health safety, and liability and therefore release and hold harmless the Big Wheels Bicycle Club, INC. and their agent singly and collectively from blame and liability for any injury, loss or damage suffered or sustained as a result of my participation in the club activities. I also understand that my e-mail address, if supplied by me, will only be used by the club to convey correspondence pertinent to the activities of the club and will not be sold, given, or forwarded to any third party without my prior authorization.

I WILL WEAR A CPSC APPROVED HELMET ON ALL CLUB RIDES

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

(PARENT OR GUARDIAN MUST SIGN FOR PERSON(S) UNDER 18). ANNUAL DUES ARE \$18.00 FOR A FAMILY OR AN INDIVIDUAL. MEMBERSHIP KITS WILL BE AVAILABLE AT THE SPRING MEMBERSHIP MEETING OR ANY CURRENT BOARD MEMBER THEREAFTER.

MAKE CHECKS PAYABLE AND MAIL TO: BIG WHEELS BICYCLE CLUB

C/O Barbara Rubin

82 Randwood Drive

Getzville, NY 14068

689-3741

bjsrubin@roadrunner.com