

## MEMBERSHIP APPLICATION (please print or write legibly)

Name	e(s)		Ages (			f under 18)	
Address		_City		Sta	ate	Zip	
Phon	AddressCity_City		a	il			
Occu	pation:						
Intere	ests & Skills						
□ Ne	w D Renewal	1 year option		□ Family (\$15)	🗆 Ir	ndividual (\$10)	
		3 year option		□ Family (\$40)	🗆 Ir	ndividual (\$27)	
Му су	ycling interests: (check & circle al	ll that apply)					
	Day rides: Sat.am Sun.am Sun.pm		]	Mountain biking/off road trails			
	Weekday morning (M T W Th F)			Mountain bike races			
	Weekday EDT evening (M T W	/̈́ThF) □	]	Tandem rides			
	Distance rangemi		]	Family rides			
Pace ranger		ph 🗆	]	ocial events (suggestions:			
	Touring (including overnight tours)	)				)	
	Quarter, half, 100K, & full centuries		]	Commuting Advocacy and/or legislation			
	Road races		]				
	Time trials			Other			
l will	support the club objectives by a	ssisting with:	: (	check all that apply	)		
	Club officer		]	Community servi	ce proj	ects (cycling	
	Leading day rides			related)			
	Maps & routes		]	Adopt-a-Highway project			
	Publicity		]	Website management			
	Social events (Club meetings, picn	lics, □	]	Website articles			
	parties, etc.)		]	Time trials or rac			
	Special bike events (e.g. special rie	des, □	]	Mountain Bike ev	ents		
	festivals, etc.)		]	Driving sag wago			
	Food shop/prep for overnight or so	cial 🛛	]	Bicycle mechanic			
	events		]	Cycling education programs			
	Advocacy, legislation		]	Audio-Visual pres	sentati	ons	
	Greenways & trails projects		]	Photography			

- Greenways & trails projects

Other

Send completed registration form & signed liability waiver (over) & check made out to Cape Fear Cyclists to: Cape Fear Cyclists, 4408 Wrightsville Ave., Wilmington, N.C. 28403.

## For inquiries and membership information, write: <a href="mailto:president@capefearcyclists.org">president@capefearcyclists.org</a> or <a href="mailto:membership@capefearcyclists.org">membership@capefearcyclists.org</a>

## Cape Fear Cyclists Membership Application Liability Waiver Please fill out the form on reverse side, read & sign this liability waiver. Send completed application & check to: Cape Fear Cyclists, 44008 Wrightsville Ave., Wilmington, NC 28403

**Waiver:** In consideration of the Cape Fear Cyclists' allowing me to participate in club rides and events, and intending to be legally bound, I release and discharge any and all claims for damages for death, personal injury or property damage, which I may have, or which may hereafter accrue to me, as a result of my participation in club rides and other activities. This waiver/release is intended to discharge in advance the Cape Fear Cyclists, its officers, ride leaders, and members from and against any and all liability arising out of or connected in any way with my participation in Club rides and activities, even though that liability may arise out of negligence or carelessness on the part of the Cape Fear cyclists, its officers, ride leaders, and/or members or guests.

I further understand that serious accidents occasionally do occur on bicycle rides and that participants occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence. Knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless the Cape Fear Cyclists, its officers, ride leaders, and members who (through negligence or carelessness) might otherwise be liable to me for damages and injuries. It is further understood and agreed that this waiver, release and assumption of risk is binding on my estate, my heirs, and assigns.

Signature:	Date:
Signature:	Date:
Parent or Guardian: (if under 18)	