North Carolina Bicycle Club, Inc.

Membership Application

Name	[] New Member [] Renewing				
Address					
City	State	Zip	Home Phone	Work Phone	
E-Mail Address					
Note: Dues are \$15.00 per year, for either single or family membership.					
I am interested in: (please check Ride types: [] Day rides [] Touring [] Commuting [] Tandem riding [] Mountain bike rides [] Overnight rides		per trip 0 10 0 20 0 30 0 40 0 100	[]10 []12 []14 []16	age speed (mph) 0 to 12 0 to 14 0 to 16 0 to 18 0 to 20 0+	
I am interested in assisting with: [] Leading day rides [] Leading night rides [] Driving SAG wagon [] Slide presentations	[] Edu [] Nev [] Nev	ck all that may scational progra vsletter articles vsletter artwork vsletter layout	ums [] No [] so [] G	ewsletter mailing cial events roup cooking ub officer	
Interests					
Suggestions					
WAIVER: In consideration of your allowing me to participate in North Carolina Bicycle Club rides and events, I, intending to be legally bound, release and discharge any and all claims for damages, death, personal injury or property damage, which I may have, or which may hereafter accrue to me, as a result in my participation in Club rides and events. This waiver/release is intended to discharge in advance the North Carolina Bicycle Club, Inc., 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 events, even though that liability may arise out of negligence or carelessness on the part of the North Carolina Bicycle Club, Inc., its officers, ride leaders, and/or members.					
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 North Carolina Bicycle Club, Inc., its officers, ride leaders, and members who (through negligence or carelessness) might otherwise be liable to me for damages or 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 of Parent or Guardian (if applicant is under 18 years of age)					

Please send completed application and check for \$15.00 made payable to NCBC to:

NCBC

P.O. Box 32031

Raleigh, NC 27622