Blair Bicycle Club (BBC) Membership Form

To become a r	member of the Bl	air Bicy	cle Club, com	plete and si	gn this fo	m. Annua	ıl membership co			1 - March 31.
New	Renewing									
Member	Member									
	Mail ch	eck or	money orde	er to: Blair	Bicycle (lub, PO I	3OX 105, Hollida	aysburg PA 1	L6648	
First			Last				Spouse / Fam	ily Member <i>(F</i>	М)	
Name	Name						Name (Family Membership only)			
Address										
City							State	Zip Cod	е	
If you want to re	eceive information	about Bi	BC rides and ac	tivities via e-n	nail or tele	phone, plea.	se provide the follov	ving:		
E-Mail Addre					phone #			Cellphone #		
What is your m	nain bike riding int	oroct)	Dood	Fitness	Doore	eational	Mountain	Commuter	Other:	
			Road	·			outed to other BB	Commuter		No
	to be on one of t			Yes	No		hich committee(s)		Yes Social	Newsletter
Will you lead a		пе выс	committees:	Yes	No	II YES, W	mich committee(s)	r Kide	SUCIAI	Newsietter
iviii you leau a	club ride:			163	INU					
The following	form must be sig	ned by	all adult appl	icants 18 ye	ars of age	and older	•			
Any person ur	nder 18 years of a	ge mus	st have the sig	gnature of th	neir paren	t or legal g	uardian.			
Release Forr	n and Waiver o	f Liabi	lity, Assump	tion of Ris	k and Inc	demnity,	and Parental Co	nsent Agree	ement.	
, (Print Nam	e).				and	l. (Print	Name Spouse/FN	1).		
		itted t	o narticinate	in any way i		, .	UB, INC.'s club sp	**	cling Activiti	os ("ACTIVITV"
and 2. FU L	warrant that if at LY UNDERSTAND a. BICYCLING PARALYSIS, b. these RISKS the ACTIVIT c. there may and I FULLY result of more	tany tir that: ACTIVIT AND D and da Ty, the coe other ACCEF y partic	me I believe confiction of the Involve EATH ("RISKS angers may be conditions in the Involve In	onditions to RISKS AND I "), e caused by which the A ocial and ec ME ALL SUCH	DANGERS my own a CTIVITY ta onomic lo H RISK ANI r that of th	e, I will imr OF SERIOU ctions or i kes place, sses, eithe D ALL RESP ne listed m	th hazards of trave mediately disconting JS BODILY INJURY mactions, the action or THE NEGLIGEN r not known to me PONSIBILITY FOR Leinor(s) participation	nue further p , INCLUDING I ons or inactior ICE OF THE 'RI e or not readi OSSES, COSTS ng in the ACTI	articipation in PERMANENT in sof others peleasees' National in the second in the secon	n the ACTIVITY DISABILITY, participating in AMED BELOW, le at the time, GES I incur as a
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	in full force and	ептесt.)ata.		
Signed								Date:		

MINORS (UNDER 18 YEARS OF AGE)

I, (Print Name of Parent/Guardian),

Signed FM

The minor's parent and/or legal guardian, understand the nature of bicycling activities and the minor's experience and capabilities, and believe the minor to be qualified, in good health, and in proper physical condition to participate in such ACTIVITY. I hereby release, discharge covenant not to sue, and agree to indemnify, save, and hold harmless each for the 'RELEASEES' from all liability, claims, demands, losses, or damages on the minors account caused or alleged to be caused in whole or in part by the 'RELEASEES' or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the 'RELEASEES' named above, I will indemnify, save, and hold harmless each of the 'RELEASEES' from any litigation expenses, attorney fees, loss liability, damage, or cost any which may incur a the result of any such claim.

Date:

Signed (Parent/Guardian)	Date:					
Name of Minor	Age of Minor (under 18 years old)					
Name of Minor	Age of Minor (under 18 years old)					