

Druid City Bicycle Club Membership Application

NAME: _____ D.O.B. _____
FAMILY NAMES: *(spouse, children)* _____
PHONE: (H) _____ (W) _____ (C) _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
E-MAIL: _____
EMERGENCY CONTACT: _____ PHONE: _____
HEALTH INFORMATION: If you have any information that may be relevant in case of an accident or emergency, such as serious allergies, heart conditions, diabetes, medications, etc , make a note of it here:

What do you like to do? *(select all that apply)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Recreational Road Riding | <input type="checkbox"/> Recreational MTB Riding | <input type="checkbox"/> Touring |
| <input type="checkbox"/> Road Racing | <input type="checkbox"/> MTB Racing | <input type="checkbox"/> Cyclocross/Gravel Racing |
| <input type="checkbox"/> Triathlons/Duathlons | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Commuting | <input type="checkbox"/> Youth Bike Safety/Training | |

MEMBERSHIP TYPE: *(choose one)*

- | | |
|---|---|
| <input type="checkbox"/> \$35 Family Membership | <input type="checkbox"/> \$20 Student Membership |
| <input type="checkbox"/> \$25 Individual Membership | <input type="checkbox"/> \$20 Out of State Membership |

- Complete application/waiver, sign and include a check made out to Druid City Bicycle Club.
- Mail check and application to: Druid City Bicycle Club, 1130 University Blvd, Suite B9 #473, Tuscaloosa, AL 35401
- DCBC Membership expires December 31st of each year.
- Applications dated after December 1st will be for the next calendar year membership.

RELEASE OF RESPONSIBILITY: The person signing this document certifies that he/she has examined the information on this release form and membership application and that all information is complete, true, and correct. For the sole consideration of being allowed participation in Druid City Bicycle Club (DCBC) activities, the undersigned hereby releases and forever discharges DCBC members, agents, officers, volunteers, personal representatives, their heirs, successors and all other persons, firms, and corporations liable or who might have claimed to be liable (all and each "Release Person") from any and all claims, demands, damages, actions, causes of action or suits of any kind and nature whatsoever, and particularly on account of all future injuries both to the person and property which may have resulted, or may in the future, develop from participation in or traveling to and from DCBC activities or hazardous nature and dangers of participating in any club activities, including by way of example and not limitation, the following: collisions with pedestrians, vehicles, other riders, and fixed or moving objects; safety hazards, equipment failure, inadequate safety equipment, and weather conditions; and the possibility of serious physical injury associated with cycling (each and all of which shall be referred to as "injury").

This release has been completely read by or to the undersigned and the terms hereof are fully understood and voluntarily accepted for the purpose of releasing each Released Person from any and all claims, disputed or otherwise on account of any injury.

PARTICIPANT: *(must be 19 or older)*

Name (PRINT): _____

Signature: _____

Date: _____

GUARDIAN: (guardian signature required if under 19)

Name (PRINT): _____

Signature: _____

Date: _____