



# The Delta Pedalers Bicycle Club

## Membership Application

To apply for membership, print this page, complete the form, and mail to: **Delta Pedalers, P.O. Box 2394, Antioch, CA 94531**

- I am a returning club member
- I DO NOT want my address and phone number to appear in the club Directory.
- I DO NOT want to be notified by e-mail about upcoming rides and club events.

Effective March 1st; Individual Membership \$20.00 per year, Family Membership \$25.00 per year. After September 1st; Individual Membership \$10.00, Family Membership \$12.50. (Individual members must be 18 yrs. or older. Family memberships must include a parent or guardian 18 yrs. old or older and children must be under the age of 21 and living in the same household.)

Enclosed is \$\_\_\_\_\_ for individual membership **or** \$\_\_\_\_\_ for family membership. **(Make check payable to the Delta Pedalers).**

Name (please print) \_\_\_\_\_ Co-Applicant (Spouse) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

In consideration of the acceptance of my application, I, for myself, my heirs, executors, administrators, successors and assigns, waive, release and discharge all claims for damages resulting from death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation with this organization. I understand this release is intended to discharge and release **in advance**, the Delta Pedalers Bicycle Club, its members and their respective agents, officers, officials, servants and representatives from and against any and all liability arising out of or connected in any way with my participation with this organization **even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.**

I further understand that serious accidents occasionally occur during bicycle rides and that participants in such events occasionally sustain serious personal injury, death and/or property damage as a consequence of that participation. Nevertheless, **knowing the risks of bicycling**, I, for myself, my heirs, executors, administrators, successors and assigns hereby **agree to assume those risks** and to release and hold harmless all of the persons or entities mentioned above who, through their negligence or carelessness, might otherwise be liable to me for damages..

I ALSO AGREE TO WEAR A PROPERLY FITTING U.S. CPSC-APPROVED BICYCLE HELMET ON ALL CLUB RIDES.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE Delta Pedalers Bicycle Club AND SIGN IT ON MY OWN FREE WILL.

Date \_\_\_\_\_ Age \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Co-Applicant (Spouse) Signature \_\_\_\_\_

If this application is for family membership, please indicate names and ages of all minors who might be included in club activities. Any rider under the age of 16 must be accompanied by an adult on all rides, unless they have the ride leader's permission and a signed medical authorization form.

Name \_\_\_\_\_ Age \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Signature \_\_\_\_\_

Signature of parent or guardian (needed if applicant is under 18 years of age) \_\_\_\_\_

### Medical Information

Emergency Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Coverage ID: \_\_\_\_\_ Group ID: \_\_\_\_\_

### Blood Type

Name \_\_\_\_\_ Type \_\_\_\_\_ Name \_\_\_\_\_ Type \_\_\_\_\_

Name \_\_\_\_\_ Type \_\_\_\_\_ Name \_\_\_\_\_ Type \_\_\_\_\_