

VeloRaptors Cycling Club

MEMBERSHIP APPLICATION

Please mail completed application form with the membership fee payable to:

Veloraptors, Attn: Steve Goldenberg, P.O. Box 13301
Oakland, CA. 94661

(Initial fee for new members is \$30. Annual renewal fee is \$30 or \$40 if paid after February)

PLEASE PRINT CLEARLY

Name _____ Phone(H) _____ (Cell) _____

Address _____

City _____ State _____ Zip _____

Email _____

I am applying for Membership in the VeloRaptors Cycling Club ("VeloRaptors"). The VeloRaptors are a group of individuals who ride together and organize group rides. During those rides the individual riders are each responsible for his or her own safety; they are not supervised by the VeloRaptors. I understand that cycling is a physical and sometimes dangerous activity. Many people have been severely injured and have even died while cycling. I understand that I am personally responsible for my own safety and voluntarily assume the risks of cycling with the VeloRaptors.

Because I assume these risks personally, I release, waive, and discharge the VeloRaptors, and each of its members, officers, directors, or representatives, from liability for any claim for damages that I, or anyone claiming through me, might have against them for injuries to myself or my property suffered while participating in any VeloRaptor ride or activity. I understand that this is a release of future and unknown claims, including claims for negligence or carelessness. I nonetheless make this release voluntarily in order to join the VeloRaptors with the full understanding that it will prevent me from claiming damages from the VeloRaptors, or any of its members, officers, directors, or representatives, in the event of an injury to me or damage to my property while on a VeloRaptor ride or participating in a VeloRaptor activity.

I agree that, as a Member of the VeloRaptors, I will wear a helmet on all VeloRaptor rides; that I will maintain my bicycle in good condition; that I will obey traffic laws and the rules of the road; and that I will ride safely, under control, and aware of obstacles and road conditions.

Medical Insurance Carrier/Acct # _____

Emergency Contact 1 Name _____ Phone # _____

Emergency Contact 2 Name _____ Phone # _____

Physician's Name _____ Phone # _____

Known Allergies _____

Your Signature _____ Date _____