



# Shenandoah Valley Bicycle Club Membership Application

Please Type or Print

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Annual Dues: Individual \_\_\_\_\$10.00 Family \_\_\_\_\$15.00 Send Newsletter by e-mail? \_\_\_\_\_

joint Shenandoah Mountain Bike Club membership: Annual Dues: Individual ____\$5.00 Family ____\$8.00
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I am interested in (one or more of these activities):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Commuting/Utilitarian Riding | <input type="checkbox"/> Touring                | <input type="checkbox"/> Mountain Biking      |
| <input type="checkbox"/> Riding for Fun & Fitness     | <input type="checkbox"/> Racing                 | <input type="checkbox"/> Ride Committee       |
| <input type="checkbox"/> Time Trial Committee         | <input type="checkbox"/> Century/Festival Comm. | <input type="checkbox"/> Newsletter Committee |
| <input type="checkbox"/> Advocacy                     | <input type="checkbox"/> Others (list) _____    |   |

## INSURANCE RELEASE

In signing this release for myself, or the named entrant, I hereby agree to absolve and hold harmless the Club, the Club officers, the members, and any other connected with events sponsored by the Club in any way whatsoever, for blame or liability for any injury, misadventure, harm, loss, or inconvenience suffered. I understand that the Club is not responsible for, and is not an insurer of, my personal safety. I also hereby consent to and permit emergency medical treatment in the event of injury or illness. I shall abide by traffic laws and practice courtesy and safety in bicycling, including wearing an approved helmet at all times.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian (under 18)

**Send to Shenandoah Valley Bicycle Club, P.O. 1014, Harrisonburg, VA 22803-1014**