



MEMBERSHIP APPLICATION (please print or write legibly)

Name(s) _____ Ages (if under 18) _____
 Address _____ City _____ State _____ Zip _____
 Phone(H) _____ (Cell) _____ E-Mail _____
 Occupation: _____
 Interests & Skills _____

- New Renewal Family (\$15) Individual (\$10)

My cycling interests: (check & circle all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Day rides: Sat.am Sun.am Sun.pm
Weekday morning (M T W Th F)
Weekday EDT evening (M T W Th F)
Distance range _____mi
Pace range _____mph | <input type="checkbox"/> Mountain biking/off road trails
<input type="checkbox"/> Mountain bike races
<input type="checkbox"/> Tandem rides
<input type="checkbox"/> Family rides
<input type="checkbox"/> Social events (suggestions: _____) |
| <input type="checkbox"/> Touring (including overnight tours) | <input type="checkbox"/> Commuting |
| <input type="checkbox"/> Quarter, half, 100K, & full centuries | <input type="checkbox"/> Advocacy and/or legislation |
| <input type="checkbox"/> Road races | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Time trials | |

I will support the club objectives by assisting with: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Club officer | <input type="checkbox"/> Community service projects (cycling related) |
| <input type="checkbox"/> Leading day rides | <input type="checkbox"/> Adopt-a-Highway project |
| <input type="checkbox"/> Maps & routes | <input type="checkbox"/> Website management |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Website articles |
| <input type="checkbox"/> Social events (Club meetings, picnics, parties, etc.) | <input type="checkbox"/> Time trials or races |
| <input type="checkbox"/> Special bike events (e.g. special rides, festivals, etc.) | <input type="checkbox"/> Mountain Bike events |
| <input type="checkbox"/> Food shop/prep for overnight or social events | <input type="checkbox"/> Driving sag wagon |
| <input type="checkbox"/> Advocacy, legislation | <input type="checkbox"/> Bicycle mechanics |
| <input type="checkbox"/> Greenways & trails projects | <input type="checkbox"/> Cycling education programs |
| | <input type="checkbox"/> Audio-Visual presentations |
| | <input type="checkbox"/> Photography |
| | <input type="checkbox"/> Other _____ |

For inquiries and membership information, write: president@capefearcyclists.org or membership@capefearcyclists.org

Send completed registration form & signed liability waiver (over) & check made out to Cape Fear Cyclists to: Cape Fear Cyclists, 4408 Wrightsville Ave., Wilmington, N.C. 28403.

Cape Fear Cyclists
Membership Application Liability Waiver

Please fill out the form on reverse side, read & sign this liability waiver.

Send completed application & check to:

Cape Fear Cyclists, 44008 Wrightsville Ave., Wilmington, NC 28403

Waiver: In consideration of the Cape Fear Cyclists' allowing me to participate in club rides and events, and intending to be legally bound, I release and discharge any and all claims for damages for death, personal injury or property damage, which I may have, or which may hereafter accrue to me, as a result of my participation in club rides and other activities. This waiver/release is intended to discharge in advance the Cape Fear Cyclists, its officers, ride leaders, and members from and against any and all liability arising out of or connected in any way with my participation in Club rides and activities, even though that liability may arise out of negligence or carelessness on the part of the Cape Fear cyclists, its officers, ride leaders, and/or members or guests.

I further understand that serious accidents occasionally do occur on bicycle rides and that participants occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence. Knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless the Cape Fear Cyclists, its officers, ride leaders, and members who (through negligence or carelessness) might otherwise be liable to me for damages and injuries. It is further understood and agreed that this waiver, release and assumption of risk is binding on my estate, my heirs, and assigns.

Signature: _____ **Date:** _____

Parent or Guardian: (if under 18) _____