

# Tri-City Bicycle Club Membership Application and Renewal

Paid: _____
Entered: _____
Card: _____

PO Box 465, Richland, WA 99352  
<http://www.tricitybicycleclub.org>, [info@tricitybicycleclub.org](mailto:info@tricitybicycleclub.org)

**Membership Type**

Individual Membership @ \$20  
 or  Family Membership @ \$30  
 New or  Renewal

Join today for:

- Weekday and weekend local rides
- Holiday weekend outings
- 1-2 week summer tour
- Quarterly newsletter
- **Discounts** on bike accessories at participating bicycle dealers (must show TCBC membership card and ask for discount)

## *Be a Hero, Just Volunteer!*

The TCBC needs your help! Please check if you would be willing to offer assistance in any of the following activities.

- Newsletter
- Advertising
- Weekday Rides
- Weekend Rides
- Mountain Bike Rides
- Century Rides
- Holiday Weekend Rides
- Summer Tour

Please mark box if No Change from previous form:

\_\_\_\_\_ Name(s) (Please Print)

\_\_\_\_\_ Street/PO Box

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_ Home Phone

\_\_\_\_\_

\_\_\_\_\_ E-mail

### **Waiver, Safety Affirmation, and Release:**

(\*\*Must be signed with membership application.\*\*)

In consideration of the acceptance of this membership application and of being allowed to participate in the Tri-City Bicycle Club activities, I hereby personally assume all risks in connection with those activities and I further agree to forever release, discharge, waive, save and hold harmless the Tri-City Bicycle Club, the Activity leaders, Sponsors and any Agents from any claim by me, or by my family, estate, heirs or assigns arising out of my participation in these activities. This includes, but is not limited to, waiving any and all fights, demands, or claims for damages and causes for suits or actions known or unknown, and further includes but is not limited to medical expenses or other expenses in the event of accidents, illness, other incapacity, death or damage to property. I further state that I am of lawful age and legally competent to sign this Affirmation, Waiver and Release. I understand that the terms of this document are contractual and not a mere recital and I have signed this document as my own free act. I attest and verify that I have full knowledge of the risks involved in participation of Club activities. I have fully informed myself of the contents of the Affirmation, Waiver and release by reading it before signing below.

— Parent or Guardian must sign for those who are under 18 years old —

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_