

Membership Registration 2012



---- mail payment to: ---

Skylands Cycling
c/o Blake Hargrave
18 Palomino Trail
Vernon, NJ 07462

Individual \$20 Circle one Family \$30

Name: _____
First Last Family Members

Address: _____

Town _____ State _____ Zip _____

Phone: Cell: _____ Home: _____

Work: _____ ext _____

E-mail: _____

May we share your email address with other club members in order to share information?

_____ Yes, okay to share. _____ No, only blind carbon copy.

Privacy Promise: Skylands Cycling respects your privacy and personal information. Therefore, any and all information you provide to us will not be sold, exchanged, or given to any Third-Parties.

Emergency Contact: _____

name phone relationship

Date of birth: ____/____/____ (mm/dd/yyyy)

Years Cycling: ____ Interests: Road ____ Mtn ____ Track ____ Cyclocross ____

Recreational: ____ Touring: ____ Racing: ____ Lic# _____

I understand and accept that cycling can be a hazardous sport with inherent dangers. I accept the responsibility for my own safety, and understand that Skylands Cycling cannot guarantee my safety while bicycling. I also understand that Skylands Cycling is a non profit organization with limited liability under the law of New Jersey.

Signature: _____ **Date:** _____

2012 Waiver and release of liability

I have applied for membership in Skylands Cycling, and as a condition of my membership, hereby release Skylands Cycling, its officers, directors, sponsors and members, from all liability for any injury or damage arising from club activities. I also release USA Cycling, it's officers, directors, sponsors and members from liability for any injury or damage arising from club activities. This release and waiver applies to my heirs and estate, successors and assignees, and to all claims, including those I may not know about. I understand that Skylands will apply or has applied for liability insurance through USA Cycling, which will protect the club against liability claims by non members, and is required to obtain this waiver from all club members in order to obtain such insurance.

Signature of club member

Date: