



## MEMBERSHIP FORM

### Club Mission

Springbike is a local bicycling club in Springfield (Greene County), Missouri whose purpose is to promote enjoyable safe cycling for its members and the community.

Name: \_\_\_\_\_

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

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

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Email: \_\_\_\_\_

Riding Preference:     Road                       MTB                       Both

Riding Level:             Fitness                       Touring                       Race/Competitive

New membership                       Renewal

One year membership.....\$20.00 per household

Two year membership.....\$38.00 per household

**Make check payable to Springbike Bicycle Club.**

**Mail to:            Springbike Bicycle Club  
                         PO Box 9823  
                         Springfield, MO 65801**

I \_\_\_\_\_ have voluntarily joined Springbike Bicycling Club. I acknowledge that cycling is a physical activity that requires good conditioning. I understand and accept that cycling on public roads and trails carries the potential for injury or death. The risks include, but are not limited to, those caused by terrain, temperature, weather, equipment, vehicular traffic, and other cyclists. **I hereby assume all of the risks of the participating in cycling as a member of Springbike. Furthermore, I agree to wear a helmet during all club-sponsored rides.** I certify that I am physically fit, have sufficient riding experience and have not been advised otherwise by a qualified medical person. I acknowledge that this accident waiver and release of liability form will be used by Springbike, sponsors, and club members in club activities.

**The Springbike Accident and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and I understand its contents.**

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

Parent or Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Phone Number: \_\_\_\_\_