



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.

PLEASE PRINT LEGIBLY

1st Adult Name _____ 2nd (if any) adult _____

Name/age any children (under 18) _____

City _____ State _____ Zip _____

Phone (H) _____ (Cell) _____ (2nd cell) _____

Email _____ optional 2nd email _____

New single Renewal single New Family (up to 2 adults & any children under 18) Renewal Family

One year membership \$15 one person One year membership \$25 per family

Two year membership \$28 one person Two year membership \$47 per family

Make check payable to **Springbike Bicycle Club** Mail to: **Springbike Bicycle Club**
880 Honeysuckle
Billings, MO 65610

I, We _____ have voluntarily joined Springbike Bicycling Club. I/We acknowledge that cycling is a physical activity that requires good conditioning. I/We 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/We hereby assume all of the risks of participating in cycling as a member of Springbike. Furthermore, I/We agree to wear a helmet during all club-sponsored rides.** I/We certify that I/We am/are physically fit, have sufficient riding experience and have not been advised otherwise by a qualified medical person. I/We 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/We hereby certify that I/We have read this document and I/We understand its contents.

Signature _____ Date: _____ Signature _____ Date: _____

1st adult listed

2nd adult listed (if any)

Parent or guardian (if under 18) _____ Date: _____

Must sign here as well if any child under 18 is listed.

Emergency contact name Phone Number _____ Relationship _____

Office Use Only

Date received _____ Amount _____ Check or Cash or Paypal _____

Sent to TUBE _____ Sent membership card _____

Membership number _____ Expiration Date _____

Approved March 2012