

HVVC

Hudson Valley Velo Club

PO Box 371

LaGrangeville, NY 12540-0371

2004 Membership Form

Name: _____

Address: _____

Phone Number(s): _____

E-mail: _____

Birthdate: _____ Sex: M / F (Circle one)

Check one: (make check payable to HVVC)

_____ \$20.00 Regular Member

_____ \$15.00 Junior (18 and under)

_____ \$30.00 Joint MHBC Membership

[Check all that apply]:

Women: _____ USCF Catagory 1-5: _____

MTB: _____ Masters: _____

If Applicable:

USA Cycling License# _____

USCF Cat: _____ Norba Class: _____

Waiver:

I acknowledge that by signing this application, I hereby for myself, my heirs, next of kin, executors, administrators, and assigns (collectively, "Successors"), am releasing the Hudson Valley Velo Club (HVVC) and their agents, officers, members, sponsors and affiliates (collectively, "Releasees") from liability. I understand that bicycling is an inherently dangerous sport and fully realize the dangers of participating in bicycling activities and fully assume the risks associated with such participation. I agree, for myself and my successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my successors assert my claim in contravention of this agreement, the asserting party shall be liable for the expenses including legal fees) incurred by the other party or parties in defending, unless the other party or parties are finally adjudged liable on such claim for willful and wanton negligence.

Signature : _____

Signature (Parent/Guardian if under 18 years old): _____

Print Parent/Guardian Name (if under 18 years old): _____