Lorain County Bicycle Club Membership Form

New-First,time Free member □ □ Renewal

Name ___________________________  _______ Age ______

Address ____________________________

City ___________________  ___ ST ___ZIP ____________

Phone ( ) _______________  Cell Ph ( ) ______________

dates (due March 1st) Schedule (1/2 after Oct 1st for renewal membership)

□ Adult/Family renewal $15.00
First Time New member Free first year $0.00

Return To:  Lorain County Bicycle Club
P.O. Box 102  Amherst OH  44001-0102

Waiver

In signing this release for myself or the named member (when the member is under 18), I understand the intent of this release and agree to absolve all of the sponsors, or organizers and associated entities be they individuals or organizations, singly and collectively of all blame for any injury, misadventure, harm, loss or inconvenience suffered as a result of taking part in any Lorain County Bicycle Club ride or in connection with any activity associated with or related to said organization. If the member is 18 or over, he/she signs for self. If not, then the parent or legal guardian must sign below.

date __________________

Signature of member or parent/guardian