

McHenry County Bicycle Club

Box 917 Crystal Lake, IL. 60039-0917

MEMBERSHIP APPLICATION

Membership: New	Renewal	\$15.00/Family	
Name:			<u> </u>
Address:			
City:	State:	Zip:	
Phone Number:		()Cell	()Home ()Work
e-mail:			
	IN	MPORTANT	
	TO SIGN WILL RESULT STAT	E READ AND SIGN BELOW IN THIS APPLICATION BEING RETU TEMENT AND RELEASE TO Club, I hereby waive, release, and discharge	
which may have hereafter a events. This release is inter promoters, the sponsors, the directors, employees, member my participation in any and	ccrued to me, as a direct or in nded to discharge, in advance, e officials and any involved mo pers, successors and assigns) to	claims for death, personal injury or property direct result of my participation in the McHa, McHenry County Bicycle Club, Inc., its succunicipalities or other public entities (and the from and against any liabilities arising out of Club activities and events, even though that intities mentioned above.	enry County Bicycle Club and its ecessors and assigns, the eir respective agents, officers, for connected in any way with
occasionally sustain mortal participating in bicycling eventities mentioned above w	or serious personal injuries and vents, I hereby agree to assum the might otherwise be liable to	ccur during bicycle events and that participal and/or property damage as a consequence the tense risks and to release, indemnify and be to me for damages. It is further understood a dassigns. I also understand that helmets are	reof. Knowing the risks of hold harmless all of the persons cand agreed that this waiver,
		ignificant funds from our invitational to bicy embers or Officers.	
ALL adult family members	s over 18, [Riders and Non-R	iders], must sign for insurance purposes.	 Date