Print & Mail Membership Application

El Paso Bicycle Club

P.O. Box 13040

El Paso, TX 79913

First Name_____Initial_____Last Name_____

Street_____Apt. No._____

City_____State_____Zip_____

Home Phone_____Work Phone_____

Cell Phone_____Email Address_____

I do ◉ / ○ do not (circle one) wish to have my name, address, phone number and email address listed in a club membership directory which will be distributed only to club members.

Individual: $18.00 per year_____, $30.00 for two years_____

Family: $25.00 per year_____, $44.00 for two years_____ Military: First year free.

Enclosed is a check made payable to The El Paso Bicycle Club in the amount of $_____

Please enclose a membership application/liability release for each member of a family at a single address.

Liability Release: The undersigned (parent or guardian for persons under 18 years of age) represents and warrants that he/she possesses sufficient bicycling skills and competence to negotiate any and all road conditions that may be encountered on the proposed routes and that his/her bicycle is maintained in a safe operating condition. An ANSI or SNELL certified helmet is required on every ride. The undersigned acknowledges that he/she has read this release, understands its terms, and intends to be legally bound and agrees on behalf of the undersigned and his/her heirs, executors, administrators to release and hold harmless the El Paso Bicycle Club, its officers, members and or representatives for any and all blame or liability (including without limitation, liability for negligence or gross negligence) for any injury, damage, loss or inconvenience that may be experienced in connection with activities designed and conducted by the El Paso Bicycle Club.

Signature_____D.O.B._____Date_____

Printed name of Parent or Guardian_____

Signature_____Date_____