Wheeling Wheelmen

2021 MEMBERSHIP APPLICATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____ E-mail: _____

Membership type: ☐ Single $20.00 ☐ Family $25.00

Membership Agreement:

While bicycling is an outstanding recreational sport, it also involves risks. Some of these risks include but are not limited to: traveling on or crossing heavily traveled roads, winding roads, steep descents, potholes, accident, unexpected moves of another rider, physical exertion fatigue, flat tires and motorists. The undersigned acknowledges that the risk inherent in recreational bicycling and the undersigned agrees to assume all risks associated with participation in **WHEELING WHEELMEN** activities. I acknowledge that the **WHEELING WHEELMEN** encourages the wearing of helmets and agree to save and hold the **WHEELING WHEELMEN** harmless for any injury resulting from my failure to wear a helmet. The undersigned freely and voluntarily accepts all risks of injury, illness, death, or property damage. The undersigned agrees to save and hold harmless the **WHEELING WHEELMEN**, its officers, members, coordinators, employees, volunteers, agents and/or other ride attendees from any and all liability for any injury or damage resulting from, or in any way connected with, participation in the **WHEELING WHEELMEN** events. The undersigned further agrees to release and waive all claims for negligence against the **WHEELING WHEELMEN**, its officers and members for all damages incurred at or associated with any **WHEELING WHEELMEN** activity for myself, my heirs and executors. I hereby agree to operate my bicycle in a manner that is safe to me and those around me, to observe all the rules of the road, and conduct myself in a manner that will be complementary to the sport. I hereby consent to and permit any emergency treatment in the event of injury or illness.

I have read and understand this waiver. I agree to be legally bound by it.

_____ Date: _____
Applicant's Signature

Signatures of other riders, if Family Membership:

_____ Age: ___ _____ Age: ___

_____ Age: ___ _____ Age: ___

Please **SIGN** application and return with check to Wheeling Wheelmen, P.O. Box 7304, Buffalo Grove, IL 60089-7304. **Due date for renewal is March 1, 2021.**