

2017 ALABAMA WHEELMEN MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE/SEX _____ OCCUPATION _____

BIRTH DATE _____ PHONE (_____) _____ - _____

USAC RACE CATEGORY _____

E-MAIL ADDRESS _____

USAC ID NUMBER _____ DATE OF APPLICATION: _____

MEMBERSHIP & ANNUAL DUES

New Member-See Table []

Renewing Member -\$0 []

TABLE OF NEW MEMBER PRORATED DUES

January – March [\$0]	April-June [\$0]
July – September [\$0]	October-December [\$0]

CLUB MEMBERSHIP APPLICATION WAIVER

I know that cycling and volunteering to work in club races are potentially hazardous activities. I should not enter and participate in club activities unless I am medically able and properly trained. I agree to abide by all rules and regulations as dictated by USA Cycling, and any other governing body of the sport of cycling under which I might complete or volunteer. I agree to abide by any decision of a race official relative to my ability to safely complete the event. I assume all risks associated with cycling and volunteering to work in club events including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release USA Cycling, Alabama Wheelmen, and all sponsors, their representatives and successors for all claims or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I further grant permission to this club and/or agents authorized by them to use any photographs, videotapes, motion picture, recordings and any other record of club events for any purpose. I agree to participate and support AW in accordance with the by-laws as adopted by the Board of Directors including any amendments which may occur by due process as defined by the by-laws and in accordance with the laws of the state of Alabama pertaining to Domestic Non-Profit Corporations.

SIGNATURE _____ DATE _____

(Parent's Signature if under 19 years)