

**The Madison Area Bicycle Club
Membership Form**

Only one person per form Please:

Please fill out the following form:

Name: _____

Address: _____

City: State: _____

Zip: _____

Phone Number: _____

Your Email Address: _____

Emergency Contact: _____

Contact's Phone: _____

How did you learn about MABC? _____

What kind of bicycling are you interested in? _____

You will be added to the club mail list. This is the only way that club members can communicate with each other and all club notices and updates are posted here.

Waiver and release of liability

In consideration of my membership into Madison Area Bicycle Club (MABC), and of my own free will, I for myself, my heirs, executors and administrators, forever waive, release and give up any and all claims, demands, liability, damages, costs and expenses of any kind whatsoever (including personal injuries to me or my wrongful death) against the MABC and its Officers, Directors, employees, representatives, agents and contractors. I fully realize the dangers of bicycling, which can include, but not be limited to, collision with pedestrians, vehicles, other riders and fixed or moving objects. Dangers can arise from surface hazards, equipment failure, weather conditions or inadequate safety equipment. I assume all risks associated with such participation or while driving to or from bicycling events. I fully understand I am forever giving up, in advance, any right to sue or make any claim against the parties I am releasing if I suffer such injuries and damages, even though I do not know what or how extensive those injuries and damages might be, and am voluntarily assuming the risk of such injuries and damages.

Signature _____

Name (please print)

Date _____

Please fill out the form and mail to:

Madison Area Bicycle Club

P.O. Box 814

Madison, Indiana 47250

Or bring to a regular club meeting or hand to any club officer.