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| -----------To apply by mail for WCBC annual membership--------------  Fill in the form (include all names if household membership), print it out and mail to the address below along with cash or a check payable to WCBC  Membership begins the day of enrolment. Membership expires on March 1 of each calendar year. Make checks payable to White Clay Bicycle Club. Send to:  Joseph Bockrath 2606 Northgate Road Wilmington, DE 19810   |  |  | | --- | --- | | MEMBERSHIP RATES | New or renewal | | Yearly membership | $25 family $20 individual $10 junior, under 18 years old | |  |  | |  |  |   New membership Renewal membership   |  |  | | --- | --- | | NAME: | NAME: | | ADDRESS: | | | CITY: | | | STATE: | ZIP: | | PHONE: Home - | | | PHONE: Alternate Number - | | | DATE OF BIRTH (optional): | | | E-MAIL: | |   By signing this waiver, I do hereby release and hold harmless and covenant not to sue White Clay Bicycle Club, its officers, ride leaders, administrators, insurance carriers, directors, members or volunteers, owners and lessors of premises on which any activity takes place from all liability, claims, demands, losses or damages that may result from an accident, injury, or inconvenience on this ride. I further understand if I am not a member, Insurance coverage is not extended to me by the Club and agree to the terms of this agreement. I acknowledge that this activity will be conducted over public roads or trails and facilities open to the public and hazards are to be expected. I further agree that I will ride in a safe, prudent and courteous manner, stop for all traffic signals, ride as far to the right edge of the roadway as is safe, and obey all traffic laws. I also agree to wear a protective helmet while participating on this ride and to refrain from wearing one earplug, a pair of earplugs, or headsets for entertainment. I fully understand that bicycling activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death, and voluntarily participate in this activity. I agree that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I further attest that I am age 18 or older. (Note; If under age 18, parental permission must be given before beginning this ride)  Signature:  Would you like to volunteer and the club? (Select as many as apply): lead rides helping with WCBC cycling events serve on the Executive Committee  I am interested in the following: road/touring tandem group race team mountain biking Exercise/fitness bike safety/education bicycle advocacy |
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