

# Quad Cities Bicycle Club

## Membership Application

(Please print legibly using blue or black ink. Fill in all blanks.)

New Application       Renewal Application

Membership Type       Individual \$20/Year

Date of Application (mm/dd/year) \_\_\_\_\_

Couple \$20/Year

Family \$20/Year

Sponsor \$40/Year

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

(Including Area Code)

(Please carefully print current e-mail address)

**Please Note!** The QCBC normally publishes the name, city, state and telephone number for new members in the newsletter and Membership Directory (e-mail address also included). We have found this encourages existing members to welcome new members into the club. If you prefer that this info not be listed in the hard copy and online copy of the newsletter or in the Membership Directory, please indicate here:

Members normally get e-mail notification when the monthly newsletter is available on the Web site. If you prefer your hard copy newsletter be mailed by the US Postal Service, please indicate this here:

Memberships in other Organizations:

League of American Bicyclists       League of Illinois Bicyclists       Iowa Bicycle Coalition

International Mountain Bicycling Assoc       USA Cycling       American Bicycle Racing       Adventure Cycling Assoc

Bikes Belong       USA Triathlon       Rails-To-Trails Conservancy       Thunderhead Alliance       Double "I" Cycling Experience

Velosport Racing       Friends of Off Road Cycling       Cornbelt Running Club

Other (List Here) \_\_\_\_\_

Family Members *	Birth Date	M/F	Riding Interests	I Can Help With:
			<input type="checkbox"/> Camping	<input type="checkbox"/> Advocacy <input type="checkbox"/> QC Triathlon
			<input type="checkbox"/> Commuting	<input type="checkbox"/> Annual Awards Dinner <input type="checkbox"/> Packet Stuffing
			<input type="checkbox"/> Cyclocross	<input type="checkbox"/> Bike Rodeos <input type="checkbox"/> Race
			<input type="checkbox"/> Duathlons	Events
			<input type="checkbox"/> Endurance	<input type="checkbox"/> Computer Work <input type="checkbox"/> RAGBRAI
			<input type="checkbox"/> Mountain	<input type="checkbox"/> Du-State-Du <input type="checkbox"/> Ride
			Biking	Leader
			<input type="checkbox"/> Racing/	<input type="checkbox"/> Health/Fitness Fairs <input type="checkbox"/> Ride Schedule
			Training	<input type="checkbox"/> Heartland Century <input type="checkbox"/> Safety/Educate

\* Single adult children up to 22 years old, still using their parent's address as their primary address, may continue on their parent's membership

Last Rev 3-14-10 dlm

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## Membership Application contd.

### Waiver, Consent and Release of Liability

**WARNING: READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE THIS ORGANIZATION AND OTHER PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.**

### Admission of Risk and Liability Release:

In submitting this application, I acknowledge that I am assuming risks, and agreeing to indemnify, not to sue and release from liability Quad Cities Bicycle Club (QCBC,) its officers, board of directors, members and volunteers, in the case of any accident, injury or damage of any kind. I recognize that bicycling is potentially dangerous, and I represent that I am a competent cyclist with safe equipment. I understand that I participate in club activities at my own risk. I further recognize that safety is my personal responsibility and I agree to participate in keeping all QCBC rides safe as possible by wearing a helmet and obeying applicable traffic laws. I agree to hold the club (ride, event) harmless and indemnify the club (ride, event) for all costs, judgments and awards that may be claimed including the cost to defend such claims brought by you or another in your behalf or that of others.

### FOR MINORS: Parent or Guardian must agree to this waiver:

I am the parent or guardian of the above listed Applicant, and assure QCBC that the facts and responsibilities listed above concerning my child or ward are true. By signing this form I am giving my permission for my child or ward to participate in QCBC rides, events and activities. I agree to the terms of the above listed Admission of Risk and Liability Release whose terms bind me, my child, my heirs, legal representatives and assignees. For my children not considered adequately competent to ride on city streets, county roads, state highways, shared paths, I will accompany them on club rides. If you are older than thirteen, but not yet eighteen or you are incapacitated and/or mentally challenged, please have a parent or legal guardian note their acceptance of the terms of registration by providing their initials where indicated below. If you are at least eighteen, please enter your own initials where indicated below. I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceedings. I have read, understood, and accept the agreement above. My submission of this form shall act as my legal signature.

Initials of: \_\_\_\_\_ registrant if over 18 years of age; or parent/legal guardian of minor, incapacitated, or mentally challenged person.

Individual Membership (Self) \_\_\_\_\_ Date \_\_\_\_\_

Couple/Family Membership (Self) \_\_\_\_\_ Date \_\_\_\_\_

Couple/Family Membership (Spouse) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian of Child <18 \_\_\_\_\_ Date \_\_\_\_\_

Please make all checks payable to: **Quad Cities Bicycle Club**  
Please mail completed form to: **QCBC, Attn: Membership,**  
**PO Box 3575, Davenport, IA 52808**

Applications postmarked by the 10th of the month will be processed to insure delivery of the next month's newsletter via e-mail, unless otherwise noted. Please visit our web site for a listing of club rides and other events at: <http://www.qcbc.org> **Revised 3-114-10 dlm**