Membership & Merchandise

General Information (Please print)

First Name	<u>M.I.</u>	Last Name
Address		Apt.
City		State Zip
Email Address		
Day Phone		Evg. Phone
2nd member's name if dual if 2nd tripper on weekend trip		ership (two members at same address) or
First Name	M.I.	Last Name
Email Address		
Day Phone		Evg. Phone
that it is in proper working d) I will wear a CPSC or Sne I discharge and release the respective ride leaders and agents, boards, commission and representatives of the connected in any way with mediated by the negligence of	nd assorted assorted assorted appropries and all sorted appropries and appropries and appropries and assorted appropries and appropries and assorted appropries and appropries and appropries and assorted appropries and assorted appropries and appropries and assorted appropries appropries and assorted appropries and as	ociated equipment that I will use to insure and legal for operation on the streets, roved helmet while riding my bicycle. The Borough Bicycle Club (5BBC), their ponsoring organizations, their respective I any involved municipalities, employees oing, from all liability arising out of or cipation in 5BBC activities, whether or not
advisability of my participa b) that medical or other ser any of the parties mentior c) that I may be photograph photo, video or film likene of the parties mentioned a I have read and understand	ation in vices in the displayment of the displaymen	at I consult with a physician regarding the n 5BBC activities, rendered to me by or at the insistence of ove are not an admission of liability, ing 5BBC activities and agree to allow my be used for any legitimate purpose by any aiver and Release of Liability and agree to being allowed to participate in 5BBC
activities. Signature, 1st Member		

Signature, 2nd Member

Date

Waiver by Parent/Guardian of a Minor

If a member is under age 18, parent's or guardian's signature is also required.

I attest that:

- a) I am the parent or guardian of the minor named below,
- b) I will check the equipment the minor will use in 5BBC activities to insure that it is in proper working order and legal for operation on the streets,
- c) If the minor is under age 14, he or she shall be under the direct supervision of myself or an adult designated by me during 5BBC activities.

I understand that the minor will be bicycling on public roads, in traffic. I have read and understand the Waiver and Release of Liability above and agree to its terms on behalf of myself and the minor in consideration of his or her being allowed to participate in 5BBC activities.

Minerale Manne (Diegon and the	
Minor's Name (Please print)	
Parent's or Guardian's Name (Please print)	
Parent's or Guardian's Signature	Date
Member Preferences Put a check mark next to the things you don't want us to do. both members of a dual membership.	This applies to
Do not list snail mail address in the 5BBC roster.	
Do not list email address in the 5BBC roster.	
Do not list phone numbers in the 5BBC roster.	
Do not share name, address, etc. with other bike clorganizations.	lubs or cycling
Do not send weekly email on current 5BBC rides and even	ents.

Payment 5BBC Membership Individual \$25, Dual \$30\$ Dual Membership: two persons at same address. Memberships expire on Dec 31 of the year you join or renew, except those who join after Oct 1, in which memberships expire Dec 31 of the following year.
Cross Borough Jersey Indicate quantity and size Ladies (Circle One) M Men (Circle One) M L Total qty @ \$65 each \$
5BBC Patches Total qty @ \$4 each\$

Make check or money order payable to **5BBC** and mail to: **Five Borough Bicycle Club 244 Fifth Avenue (200) New York, NY 10001**

Total Payment.....