

State College Cycling Club (SCC) Membership Form

Complete and sign this form to become a member with the State College Cycling Club.
The period covered by an annual membership is from January 1 to December 31.

Mail completed form to: State College Cycling, PO Box 694, State College, PA 16804

New Member Renewing Member

Dues

<input type="checkbox"/> \$20.00 – One Year Dues (Circle Year) 2017		\$ _____
<input type="checkbox"/> \$40.00 – Two Years Dues (Circle Two Adjacent Years) 2017, 2018		\$ _____
<input type="checkbox"/> Additional Donation		\$ _____
Total		\$ _____

Payment method: Cash Check Money Order *(made payable to State College Cycling)*

First Name	Last Name	
Address		
City	State	Zip
Phone	Email	

Would you like to serve as a State College Cycling volunteer in one of these areas?

Ride Coordinator Organizational Social Moderator

RELEASE OF LIABILITY

By joining State College Cycling I agree:

To participate in State College Cycling Club rides at my own risk. Cycling activities can be hazardous, and may result in serious injuries, even death. By riding with the State College Cycling Club, I am voluntarily participating in these activities with full knowledge of the danger involved, and agree to assume any and all risk of bodily injury, death or property damage, whether those risks are known or unknown. All participants in State College Club rides formally agree to release and hold harmless the ride leaders, the ride organizers, and all participants from any liability whatsoever, now or in the future, that may result from any type of injury incurred during any cycling event. This release of liability shall also extend to the State College Cycling club or organization and all of its sponsors, affiliates, and any other parties supporting the cycling event of which I have chosen to take part. I agree to obey all traffic laws and regulations and to wear a helmet during all State College Cycling Club rides.

Printed Name _____

Date _____

Signed _____

Minors (under 18 years of age)

Parent/Guardian Signature _____ Date _____

Age of Minor _____

Name of Minor _____