

# THE VALLEY SPOKESMEN BICYCLE TOURING CLUB MEMBERSHIP APPLICATION

VALLEY SPOKESMEN, P.O. BOX 2630, Dublin, CA 94568-0784

**Your Membership will not be activated until a signed application has been received at the Valley Spokesmen Office**

I want to join / renew membership in the Valley Spokesmen Bicycle Touring Club.  **NEW MEMBER**  **RENEW MEMBERSHIP**

- \_\_\_\_\_ **\$25.00 for a 2014 Individual Membership** (\$13.00 after June 30th)
- \_\_\_\_\_ **\$35.00 for a 2014 Family Membership** (\$18.00 after June 30th) [Member, Co-member, and additional family members]
- \_\_\_\_\_ **FREE** - Receive the V.S. Newsletter via the **V.S. Web Site** (electronic only)
- \_\_\_\_\_ **\$10.00** - Receive the printed V.S. Newsletter via Postal Service at my home address (\$5.00 after June 30th)
- \_\_\_\_\_ Please add my e-mail address to the V. S. e-mail list so I receive current club information, ride updates, etc.
- \_\_\_\_\_ **TOTAL AMOUNT** -  **Paid on-line** at valleyspokesmen.org or  by **check payable to: Valley Spokesmen.**

\_\_\_\_\_  
**FIRST NAME**      please print      **LAST NAME**      (\_\_\_\_\_) **PHONE**

\_\_\_\_\_  
**ADDRESS**      **CITY**      **STATE**      **ZIP +4**  
**E-Mail address:** \_\_\_\_\_ *Your e-mail **will not be shared** with any other group or organization*

**Emergency Contact:** \_\_\_\_\_ **Emergency Phone:** (\_\_\_\_\_) \_\_\_\_\_

In consideration of the acceptance of my application, I, for myself, my heirs, executors, administrators, successors and assigns, waive, release and discharge all claims for damages resulting from death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation with this organization. I understand this release is intended to discharge and release in advance, the Valley Spokesmen "Bicycle" Touring Club, its members and their respective agents, officers, officials, servants and representatives, and any involved municipalities and their respective agents and employees from and against any and all liability arising out of or connected in any way with my participation with this organization even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during bicycle rides and that participants in such events occasionally sustain serious personal injury, death and/or property damage as a consequence of that participation. Nevertheless, knowing the risks of bicycling, I, for myself, my heirs, executors, administrators, successors and assigns hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who, through their negligence or carelessness, might otherwise be liable to me for damages.

I AGREE TO WEAR A BICYCLE HELMET ON ALL CLUB RIDES.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE Valley Spokesmen Bicycle Touring Club AND SIGN IT ON MY OWN FREE WILL.

\_\_\_\_\_  
**DATE**      **AGE**      **APPLICANT'S SIGNATURE**

**If this application is for family membership**, please include the Co-Member's name, email address, and emergency contact info.

\_\_\_\_\_  
**FIRST NAME**      please print      **LAST NAME**      (\_\_\_\_\_) **PHONE**

**E-Mail address:** \_\_\_\_\_ *Your e-mail **will not be shared** with any other group or organization*

**Emergency Contact:** \_\_\_\_\_ **Emergency Phone:** (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
**DATE**      **AGE**      **CO-APPLICANT'S SIGNATURE**

**Family membership:** Include the names & ages of all other adults and minor Family Members who may be included in club activities:

Name	Age	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Signature of parent or guardian (needed if any applicant is under 18 years of age)** \_\_\_\_\_

It is the responsibility of each Valley Spokesmen member to carry up-to-date emergency contact and medical information while attending VS club rides or events.