



Madison Area Bicycle Club Membership Form

Please print neatly and complete one form per person.

Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____
Email Address: _____
Emergency Contact: _____
Contact's Phone: _____

Waiver and Release of Liability

In consideration of my membership into the Madison Area Bicycle Club (MABC), and of my own free will, I for myself, my heirs, executors and administrators, forever waive, release and give up any and all claims, demands, liability, damages, costs and expenses of any kind whatsoever (including personal injuries to me or my wrongful death) against MABC and its Officers, Directors, employees, representatives, agents, and contractors. I fully realize the dangers of cycling, which can include, but not be limited to, collisions with pedestrians, vehicles, other riders, and fixed or moving objects. Dangers can arise from surface hazards, equipment failure, weather conditions, or inadequate safety equipment. I assume all risks associated with such participation or while driving to or from cycling events. I fully understand I am forever giving up, in advance, any right to sue or make any claim against the parties I am releasing if I suffer such injuries and damages, even though I do not know what or how extensive those injuries and damages might be, and am voluntarily assuming the risk of such injuries and damages.

Signature: _____
(signature of legal guardian if cyclist is under age 18)

Date: _____

*please check appropriate membership type.

- _____ \$30 individual membership
- _____ \$40 (2 household memberships)
- _____ \$45 (3 household memberships)
- _____ \$50 (4 household memberships)
- _____ additional donation to help offset club expenses

Complete form, enclose payment, and mail to: MABC
P.O. Box 951
Madison, Indiana 47250

Or give to any MABC officer: Stacy Crawley, Kristi Prickett, David Fleming, Tom Pritchard

Or pay via PayPal by visiting www.madisonbicycleclub.org and clicking on the *join us* link.