

BICYCLE CLUB OF LAKE COUNTY

Membership Application

The Bicycle Club of Lake County invites you to join, or renew your membership for another year of fun and fitness on two wheels. The Club's purpose is to promote camaraderie among cyclists and safe, responsible cycling throughout Northeastern Illinois and Southeastern Wisconsin. Membership runs for one year from January 1.

Membership: New Renew Type: Individual (\$20) Family (\$25)
Name (print): _____ Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Email Address: _____

BCLC members communicate through our email distribution list. Once your membership is processed, you will be added to this list. BCLC distributes a private membership directory. Participation is voluntary. Check any of the boxes above to opt out that piece of information. Else, if you prefer not to be included, check here .

Occupation: _____ Type of Bike(s): Mountain/ATB
 Hybrid/Cross
 Road/Touring
Preferences: Tandem
Days to ride (circle) M Tu W Th Fr Sa Su Recumbent
Maximum distance (ml) 10 30 50 75 100 _____
Cruising pace (mph) 8-10 10-15 15-20 >20 Other: _____

How (or from whom) did you hear about BCLC? _____

As with any social club, the BCLC depends on volunteers to run and/or help with its various functions. Can we count on you for help with any of the following activities? Check all that apply.

BCLC RAMBLE Invitational Ride Ride Leader Social Activities Advocacy
Programs/Topics you would like to see at BCLC Meetings: _____

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STATEMENT OF RELEASE: In consideration of my membership in the BICYCLE CLUB OF LAKE COUNTY, I hereby release from responsibility and hold harmless from any claim by me or my family, estate, heirs, or assigns, the BICYCLE CLUB OF LAKE COUNTY and its officers, board members, agents, members and sponsors for any and all injuries or damages whatsoever arising from my transportation to, participation in and/or presence at any ride or activity held in connection with the BICYCLE CLUB OF LAKE COUNTY, including all risks connected therewith, whether foreseen or unforeseen.

I acknowledge that I am aware of the risks and hazards inherent upon engaging in said club activities, and I do so entirely upon my own initiative, risk and responsibility. I further understand that the club depends on its members to help it to provide and lead club activities and those members are relying on the protection afforded hereunder. I hereby further agree to operate my bicycle in a manner that will be complimentary to the sport of bicycling. I further acknowledge that I have read and understand this release; that it is intended to cover occurrences which may not have yet occurred and which are unknown to me, and I sign it voluntarily with the full intent that it be forever binding on me.

Photography waiver: I understand that during my participation in the BCLC rides, my picture may be taken. I agree that the Bicycle Club of Lake County may use such photographs of me with or without my name and for lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above.

Memberships are based on a calendar year. If you join after September 1, your membership is good until the end of the following year.

Signature: _____ Date: _____
Signature: _____ Date: _____

Return application with fee to:
P.O. Box 521
Libertyville, IL 60048
Attention: Membership

RIDE DATE: _____

Bicycle Club of Lake County Release and Waiver of Claims for Personal Injuries and Other Damages In signing this release for myself, and /or a named participant under the age of 18, I understand that the BICYCLE CLUB OF LAKE COUNTY, its officers and members, are not insurers of participant's personal safety during the above named activity. For myself and/or said minor, my (and minor's) heirs and assignees, I hereby waive all claims for, forever discharge, and agree to save harmless the BICYCLE CLUB OF LAKE COUNTY, its officers and members, from and all liability from having sustained personal injuries or property damage by reason of their negligence in furthering this activity. I have inspected my bicycle and know it to be in reasonably good and safe condition for the above named activity. I have an adequate and reasonable knowledge of what is prudent and safe bicycle riding and shall ride in that manner for my own protection and for the protection of others. I am aware and have knowledge of the State of Illinois bicycle rules of the road.

NAME (please print) _____

SIGNATURE _____

CELL # W/YOU ON RIDE _____

EMERGENCY CONTACT # _____



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