

**Akron Bicycle Club
Membership Form**

Membership Type : Single \$20.00
Family \$25.00 (Max of 5 family members)
Print all family member names on back of this form.

Memberships are for 12 months from the date of joining.

Membership Benefits include:

1. **Medical and Liability Insurance while participating in Club events.**
2. **Discounted registration for Club Events.**
3. **Discounts on bicycle merchandise purchased from participating local bike shops.**
4. **Email notification of Club news and events.**

For more information and easy on line enrollment with a credit card go to

AKRONBIKE.ORG/JOINABC

For mail enrollment:

Make checks payable to *Akron Bicycle Club with this completed form* and mail to:

***AkronBicycle Club
P.O. Box 2268
Stow OH 44224-2268***

First Name: _____ Initial: ____ Last Name: _____

Address: _____

City: _____ St: _____ ZIP: _____

Primary Phone: _____ Alternate: _____

Emergency Contact: _____ Phone: _____

Email: _____

Please sign below.

For family memberships, primary adult member must sign below.

In signing this release, I understand the intent of this release and agree to and will discharge, release, absolve and hold harmless the Akron Bicycle Club, and their officers, volunteers and ride leaders and any other parties connected in any way whatsoever, jointly and severally, from and against any and all blame or liability for any injury, misadventure, harm, loss, inconvenience or damaged sustained as a result of taking part in any event or activities associated therewith. I also consent to and permit emergency medical treatment in the event of injury or illness sustained as a result of taking part in any event or activities associated therewith. I realize that not only is the integrity of the sport of bicycling at stake when I ride with the Akron Bicycle Club, but also the lives and personal safety of myself and others. I shall heed traffic laws and regulations, listen to the advice of the ride leader and fellow members, practice courtesy and safety in cycling and help make the events enjoyable. My signature can be used by the club for insurance release purposes. ABC requires you to wear an ANSI/Snell approved helmet and not use ear buds or cell phones while riding.

Signature: _____