

## Rapid Wheelmen Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

DOB (m/d/yyyy) \_\_\_\_\_ Gender: M  F

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Would you be interested in volunteering at club events? Yes  No

Include my name in the printed membership list: Yes  No

**Membership year: Jan. 1 to Dec. 31.** Join after Sep 1 and you are a member until Dec 31 of the following year.

- |                               |   |         |
|-------------------------------|---|---------|
| 1 Year Family Membership      | <input type="checkbox"/> new <input type="checkbox"/> renew | \$35.00 |
| 3 Year Family Membership      |   | \$90.00 |
| Club Jersey (circle size)     | S M L XL XXL  | \$60.00 |
| Club Shorts (circle size)     | S M L XL XXL  | \$65.00 |
| Club Bib Shorts (circle size) | S M L XL XXL  | \$70.00 |

\$4 shipping per item unless you pick up at meeting \$ \_\_\_\_\_

Donation \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Make check payable to and mail to: Rapid Wheelmen, Inc.  
PO Box1008  
Grand Rapids, MI 49501



**Event Waiver and Hold Harmless Agreement, read the event waiver.**

- I acknowledge bicycling is an inherently dangerous activity and that group rides may increase the risks. I agree not to sue, and hereby waive any claims, and release, absolve and hold harmless Rapid Wheelmen, Inc. and its officers and members, and any other parties connected with the organization, from any blame or liability for any past or future injury, harm, loss, damage or death sustained as a result of participation in Rapid Wheelmen, Inc. activities. I shall abide by the rules and regulations of the Rapid Wheelmen, Inc., and traffic laws and regulations, and I shall practice courtesy and safety in bicycling
- Yes, I have read the event waiver and agree to all terms
- Initials of athlete over 18 years of age or parent/legal guardian of minor under 18 years of age or legal guardian of incapacitated and/or intellectually disabled person. \_\_\_\_\_

Signatures of all adult riders \_\_\_\_\_ Date \_\_\_\_\_

Signatures of parent/guardian (if applicant is under age 18) \_\_\_\_\_ Date \_\_\_\_\_