

# Harrisburg Bicycle Club Single/Family Membership Application

[WWW.HarrisburgBicycleClub.org](http://WWW.HarrisburgBicycleClub.org)

New Member     Renewal     Change of Address

## Mailing Information

Mailing Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



HBC makes RoadID wrist ID's available at a discount. Each gift card will cover purchase and shipping costs. Or use the gift card towards an enhanced RoadID product.

**Gift Cards are \$17.00 each**

### Additional Rider Information (Family membership only): (Fill out form below for each rider in your membership)

Rider Name: \_\_\_\_\_ Rider Name: \_\_\_\_\_

Rider Name: \_\_\_\_\_ Rider Name: \_\_\_\_\_

**\*\*\* Please note: Helmets must be worn on all Harrisburg Bicycle Club rides \*\*\***

### Dues (Please check all that apply) (Membership dues non-refundable)

\_\_\_\_\_ Individual Membership (3 years maximum): **\$15 per year** X \_\_\_\_\_ years = \$ \_\_\_\_\_

\_\_\_\_\_ Family Membership (3 years maximum): **\$20 per year** X \_\_\_\_\_ years = \$ \_\_\_\_\_

\_\_\_\_\_ Optional Pontius Safety Fund Donation = \$ \_\_\_\_\_  
(not tax deductible)

\_\_\_\_\_ Optional RoadID Gift Card (retail at \$21.48): **\$17 per card** X \_\_\_\_\_ cards = \$ \_\_\_\_\_

\_\_\_\_\_ Biker Buck\$ Coupon Discount Code # \_\_\_\_\_ Coupon Value (Subtract) \$ \_\_\_\_\_

**Total Enclosed = \$ \_\_\_\_\_**

**Mail this application with Check or Money Order made payable to:**

**Harrisburg Bicycle Club**

**1011 Bridge St., New Cumberland, PA 17070-1659**

### Release of Liability and Assumption of Risk

In consideration for being permitted to participate in Harrisburg Bicycle Club ("HBC") sponsored Bicycling Activities ("Activities") I, for myself and my heirs and assigns:

**Fully understand that:**(a) **bicycling activities involve risks and dangers of serious bodily injury, including paralysis and death ("Risks");** (b) these risks may be by my own actions, or inactions, **or the negligence of the HBC and League of American Bicyclists (LAB)**, their directors, officers, agents, volunteers, advertisers, sponsors, and if applicable, owners and lessors of premises which the bicycling activity takes place, (each considered one of the "Releases" herein); (c) there may be other risks and losses not readily foreseeable at this time; and **I fully accept and assume all such Risks** and all responsibility for losses, costs, and; **Hereby release**, and hold harmless, the Releases from all liability, claims, demands, losses or damages that may happen to me or my heirs caused by the negligence of the Releases. I further agree that if I, or anyone on my behalf, makes a claim against any of the Releases, I will pay any litigation expenses, attorney fees, or any cost which may occur as a result of such claim. I have read and fully understand this agreement, and I understand that I have given up substantial rights by signing it, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

(If any family member is a minor, parent must also sign.)

Signature \_\_\_\_\_  
(all adults must sign)

Date: \_\_\_\_\_