



**MEMBERSHIP FORM**

**Club Mission**

Springbike is a local bicycling club in Springfield (Greene County), Missouri whose purpose is to promote enjoyable safe cycling for its members and the community.

***PLEASE PRINT LEGIBLY – Receiving your membership card depends on it!***

1<sup>st</sup> Adult Name \_\_\_\_\_ 2<sup>nd</sup> (if any) adult \_\_\_\_\_

Name/age any children (under 18) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (2<sup>nd</sup> cell) \_\_\_\_\_

Email \_\_\_\_\_ optional 2<sup>nd</sup> email \_\_\_\_\_

- New single     Renewal single     New Family (up to 2 adults & any children under 18)     Renewal Family
- One year membership . . . . \$15 one person                       One year membership . . . . \$25 per family
- Two year membership . . . . \$28 one person                       Two year membership . . . . \$47 per family

Make check payable to **Springbike Bicycle Club**    Mail to: **Springbike Bicycle Club, Inc**  
**PO Box 9823**  
**Springfield, MO 65801**

With respect to all bike rides sponsored by Springbike Bicycle Club throughout the year, for consideration of participation, I/We \_\_\_\_\_ freely accept and voluntarily assume the risks of personal injury or property damage that may result from this potentially hazardous activity. I further agree to waive and release from all claims and liabilities of any kind arising out of my participation and agree to hold harmless the Springbike Bicycle Club, corporate sponsors, cooperating organizations and all parties connected with these events from any liability as a result of my participation. I will permit emergency treatment in the event of injury or illness while participating and give permission to use my image and photo taken during any of the events in any promotional material, publication or on the website. I do agree and accept full responsibility to obey the traffic laws and rules of safety, including the wearing of a helmet, for all rides and understand that the Springbike Bicycle Club withholds the right to dismiss anyone that may cause disturbance during any ride or disregards the rules with respect to safety. Furthermore, I/We certify that I/We am/are physically fit, have sufficient riding experience and have not been advised otherwise by a qualified medical person. I/We acknowledge that this accident waiver and release of liability form will be used by Springbike sponsors, and club members in club activities. **The Springbike Accident and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I/We hereby certify that I/We have read this document and I/We understand its contents.**

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

1<sup>st</sup> adult listed

2<sup>nd</sup> adult listed (if any)

Parent or guardian (if under 18) \_\_\_\_\_ Date: \_\_\_\_\_

Must sign here as well if any child under 18 is listed.

Emergency contact name Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**Office Use Only**

Date received \_\_\_\_\_ Amount \_\_\_\_\_ Check or Cash or Paypal \_\_\_\_\_ Sent to TUBE \_\_\_\_\_

Sent membership card \_\_\_\_\_ Membership number \_\_\_\_\_ Expiration Date \_\_\_\_\_