Membership, Trips, Classes & Store

General Information *(Please print)*

_____ ____ _____
First Name *M.I.* *Last Name*

_____ _____
Address *Apt.*

_____ _____ _____
City *State* *Zip*

_____
Email Address

_____ _____
Day Phone *Evg. Phone*

2nd member's name if dual membership (two members at same address) or if 2nd tripper on weekend trip.

_____ ____ _____
First Name *M.I.* *Last Name*

_____
Email Address

_____ _____
Day Phone *Evg. Phone*

Supplementary Information
Required for 5BBC Membership

Next, a few questions on your personal preferences. The 5BBC does lots of things for you, but there are some things you may not want us to do. Please put a check mark next to the things you *don't* want us to do. (Applies to both members if dual membership)

____ Do not list snail mail address in the 5BBC roster.

____ Do not list email address in the 5BBC roster.

____ Do not list phone numbers in the 5BBC roster.

____ Do not share name, address, etc. with other bike clubs or cycling organizations.

____ Do not send weekly email on current 5BBC rides and events.

____ Do not send newsletter by snail mail. I'll download it faster from the *Member's Only* page on the 5BBC web site (www.5BBC.org) and save a small tree or sapling.

Waiver and Release of Claims
Required for 5BBC Membership

In consideration for your acceptance of my application for membership in the Five Borough Bicycle Club (the Club), I, the undersigned, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages, for death, personal injury or loss of property which I may have or which may accrue to me as a result of my participation in Club activities.

I discharge and release the Club and all other sponsoring organizations, their respective agents, boards, commissions and any involved municipalities, employees and representatives of the foregoing, from all liability arising out of or connected in any way with my participation in Club Activities, whether or not caused by the negligence of any of the above parties. I acknowledge that bicycling and other activities of the Club involve risks, and I voluntarily assume all risks of loss, damage or injury that may be sustained while participating in Club activities.

I attest that I am sufficiently trained for bicycling and I recognize that bicycling can be physically demanding. I acknowledge the Club's recommendation that I consult with a physician regarding the advisability of my participation in Club activities. I understand and agree that medical or other services rendered to me by or at the insistence of any of the above parties are not an admission of liability. I understand that serious accidents may occur during Club activities and participants may sustain mortal or serious injury. Nevertheless, I agree to assume these risks and to release and hold harmless all of the parties mentioned above.

I understand that I may be photographed during Club rides or other Club activities. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by any of the parties mentioned above.

I attest that the equipment I will use in Club activities is in good mechanical condition. I agree to wear a CPSC or Snell approved helmet while participating in Club-sponsored bicycle rides. I have read and understand everything written above and I voluntarily sign this agreement.

_____ _____
Signature, 1st Member *Date*
____ *Check here if under age 18*

_____ _____
Signature, 2nd Member *Date*
____ *Check here if under age 18*

If a member is under age 18, parent's or guardian's signature is also required.

Agreement by Parent or Guardian of a Minor

I attest that I am the parent or guardian of the minor child applying for Club membership. I have read and understand the membership application and waiver and release of claims above and agree to its terms on behalf of myself and the child in consideration of his or her being allowed to participate in Club activities. Further, I fully understand that the child will be bicycling on public roads, in traffic. I further attest that I will maintain the equipment the child will use in Club activities in good mechanical condition.

_____
Parent's or Guardian's Name (Please print)

_____ _____
Parent's or Guardian's Signature *Date*

Payment

5BBC Membership

Individual $20, Dual $25…….$_____

Dual Membership: two persons at same address.
All memberships expire on Dec 31 of the year you join or renew, except those who join after Oct 1, in which memberships expire Dec 31 of the following year.

Weekend Trips

Name of Trip_____

Number of Trippers ____.....Total Paid $_____

See trip listings for prices. For insurance reasons <u>you must be a 5BBC member</u> to join a weekend trip.

Bike Course - Name of Class _____

Date of class_____

Members $20, Nonmembers $30 each……..……..$_____

Five Icon Jersey

Indicate quantity and size.

____ Men (Circle One) ....M ....XL...XXXL

____ Ladies (Circle One) . .....8 .....10 ...12 14

Members $60, Nonmembers $75 each……..……..$_____

Lady Liberty Jersey - CLOSEOUT SALE

Indicate quantity and size.

____ Men (Circle One) ....XXL XXXL

____ Ladies (Circle One) . .....S.....M ....L.....XL

Members $40, Nonmembers $50 each……..……..$_____

5BBC Patches

____ @ (Members $4, Nonmembers $6 each)……..$_____

Total Payment……..$_____

*Make check or money order payable to **5BBC** and mail to:*

Five Borough Bicycle Club
891 Amsterdam Avenue
New York, NY 10025

Rev. 2/18/08