



Plymouth Pedalers Biking Club

2020 Member Registration & Waiver Form

Please register by completely filling in the information requested with personal preferences and sign the Waiver of Liability below. A signed waiver form and payment for each biker **MUST** be on file before you are allowed to participate in rides. Please send your form and payment to: **Plymouth Creek Center, 14800 34th Ave North, Plymouth, MN 55447**. Make Checks out to: *Plymouth Creek Center*. Thank You.

	1 st Biker	2 nd Biker
Name:		
Street Address:		
Date of Birth:		
City:		
Zip Code:		
Phone:		
Cell Phone:		
Email:		
Emergency Contact Name		
Emergency Contact Phone		
Can we share your info on the roster with other members?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
I prefer to receive newsletters & schedules by:	<input type="checkbox"/> Email <input type="checkbox"/> US Mail	<input type="checkbox"/> Email <input type="checkbox"/> US Mail
I would like to participate by being a ride leader :	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
I would like to participate by being a ride sweep :	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
My User Fee Is Included (please check appropriate box)	<input type="checkbox"/> \$9/Resident <input type="checkbox"/> \$11/Non-resident	<input type="checkbox"/> \$9/Resident <input type="checkbox"/> \$11/Non-resident

Waiver of Liability

I, the undersigned, acknowledge and agree that bicycling is a sport which involves significant risk of serious bodily injury. I know that there are natural and man-made obstacles or hazards, surface and environmental conditions, and risks, which in combination with my actions, or the actions of others, can cause me severe or fatal injury. I agree that, as a participant, I must take an active role in understanding and accepting these risks, conditions and hazards.

I hereby release The **Plymouth Pedalers Bicycling Club** ("Club"), its sponsors, leaders, associated entities, other participants, and The City of Plymouth, from all liability for any injuries or damages connected with Club activities.

I also agree to wear a bicycle helmet at all times while participating in Club rides, and to obey all Minnesota traffic laws.

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

The Plymouth Pedalers are sponsored by Plymouth Parks and Recreation. Questions? Call 763-509-5280

For office use only

Form of Payment:

Cash

Check# _____

Amex/Disc/MC/Visa

Card No. _____ exp. ____/____