

WTCA (CHAPARRAL CYCLING CLUB / LUBBOCK BICYCLE CLUB)—Membership Application

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone (home) _____ (work) _____ e-mail _____

List additional family members _____ Your Birthday _____

| Name _____ | Sex _____ | Birthday _____ | Age _____ | Type of Membership (please check one) |
|------------|-----------|----------------|-----------|---|
| Name _____ | Sex _____ | Birthday _____ | Age _____ | <input type="checkbox"/> Family \$25 |
| Name _____ | Sex _____ | Birthday _____ | Age _____ | <input type="checkbox"/> Individual \$20 |
| Name _____ | Sex _____ | Birthday _____ | Age _____ | <input type="checkbox"/> Newsletter only \$15 |

I am interested in Weekly rides Touring Racing Triathlons MTB

In consideration of being admitted to membership in the WTCA, I do hereby release and forever discharge (for myself, my heirs, administrators and executors) the WTCA, its officers, members, sponsors, and every other person who because of his or her position as an officer or participant in a WTCA event, of any type of liability to me for any injury or damage whatsoever that I may sustain or incur arising out of or as a result of any WTCA race, ride, or event of any type. I understand that under certain conditions, bicycle riding and racing may be hazardous to my person and health. I agree to indemnify and hold harmless the above-mentioned from and against all claims and actions by others for any act or omission on my part in connection with any WTCA event. I agree to ride safely at all times, to obey the traffic laws, and to wear a helmet.

Signature _____ Date _____
(Parent or Guardian must sign for minor children)

All memberships are for one year from receipt of payment. **Please indicate whether this is a renewal.**
 Please send your check (payable to WTCA) and this completed application to

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|--------------------------|-------------------------------|--|--------------------------------------|--------------------------|
| <input type="checkbox"/> | Check if this is a Renewal | WTCA C/O Pat Gerdemann PO BOX 94537 Lubbock, TX 79493 | Check if this is a New Membership | <input type="checkbox"/> |
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