

BCP MEMBERSHIP APPLICATION

In signing this release for myself, or for the named applicant, if applicant is under the age of 18, I agree and understand that participation in Bicycle Club of Philadelphia ("BCP") sponsored events is a purely voluntary recreational activity. For cycling events, it is BCP's policy that all participants obey all traffic laws, wear an approved safety helmet and are prohibited from wearing earplugs or earphones. Furthermore, by participating in a BCP sponsored event, I hereby represent that I am physically able and capable of meeting the stresses and demands of the activity involved, agree to act safely and obey any rules or regulations applicable to the event, and for cycling events I am able to operate my bicycle properly and safely, and my bicycle is in good and safe mechanical and operating condition. I acknowledge that I am aware of the risks and dangers inherent in participating in BCP events and knowingly and voluntarily assume the risk of injury resulting there from. I understand that supervision, training or oversight may not be provided by BCP with respect to all sponsored events and activities. By signing below and in consideration for being allowed to participate in BCP events, I acknowledge that BCP and its directors, officers, members, volunteers, contributors, sponsors, ride leaders, and other event coordinators a) are not insurers of my personal safety or my property, b) do not assume any liability for personal injury or property loss sustained during BCP events and c) are released from any and all liability, specifically including, but not limited to, liability for their negligent, careless, reckless, grossly negligent, or intentional acts, stemming from or relating to past, current or future BCP sponsored events or activities. **I have read and understood this notice and release, and intend to be legally bound by it.**

Signature: _____ Date: _____ New Renewal
(Signature of parent/guardian, if rider is under 18 years of age)

Signature: _____ Date: _____ New Renewal

Signature: _____ Date: _____ New Renewal
(No additional charge for other family members, but all members must sign)

Print name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Please choose type of membership: Membership runs for 12 consecutive months.

NOTE: Your one dues payment covers all family members you wish included.

- Electronic Membership – (reduced individual/annual family membership fee of **\$15**).
 - The monthly newsletter file emailed to the email address designated above.
- Mail Membership (regular individual/annual family membership fee of **\$20**).
 - The monthly newsletter U.S.-mailed to the street address designated above.
- Student Membership (Current Student, must provide name of school, fee of **\$10**)
 - The monthly newsletter file emailed to the email address designated above.
 - **School:** _____

If you are joining BCP for the 1st time, how did you hear of us?

Please check all you would like to volunteer for:

- Ride Leader Publicity Instructional Clinics Scenic Schuylkill Century
- Newsletter Website Social Activities (banquet, picnic, BBQs, etc.)
- Weekend Trips Other (please specify): _____

Please mail a fully completed membership application with a check or money order payable to **BCP** to:

BCP
P.O. Box 30235
Philadelphia, PA 19103