Kenosha Racine Bike Club
Membership Application and Renewal

Membership (circle): New Renewal

Name(s), include riders in family:

_____ _____

_____ _____

Address: _____

City/State: _____ Zip Code: _____

Telephone: _____ E-mail:_____

Ride preferences (circle): Months - J F M A M J J A S O N D

Day - Su M Tu W Th F Sa

Distance - 10 20 30 40 50 50+

Annual club dues are $10 per individual or family. The membership years runs from November to November. Make the check payable to the Belle City Bicycle Club and it and the application to: **Belle City Bicycle Club, P.O. Box 85602-5602, Racine, WI 53408.** A membership card, newsletter, and ride calendar will be sent to you.

Ride Waiver: I know bicycling is a potentially hazardous activity. Injuries while bicycling can result from collisions with vehicles, animals, or other riders, or attempts to avoid such collisions; from poor road conditions (potholes, uneven and cracked pavement, loose gravel, leaves, and debris); from effects of weather; from overexertion and/or inadequate training; and from mechanical failure of bicycles. Knowing these risks, and in consideration of my participation in club rides, I hereby waive and release Belle City Bicycle Club, Inc., Kenosha Wheelman Inc., & KR Bike Club, its agents and representatives, and all persons or entities providing services or goods in connection with rides, from all claims, liabilities, or damages of any kind arising out of my participation in rides. I understand that this waiver is legally binding upon me, me heirs, executors, and any person entitled to act on my behalf.

Include in Directory?

Signature: _____ Age:____ Date: ___/___/___ ☐

_____ Age:____ Date: ___/___/___ ☐

_____ Age:____ Date: ___/___/___ ☐

_____ Age:____ Date: ___/___/___ ☐

_____ Date: ___/___/___

Parents Signature: (If any rider under 18 years of age):

_____ Date: ___/___/___

Witness Signature: (Club Member or Notary required if any rider is under 18)

A New Form Is Required Annually