TEAM OAKLAND ★ CYCLING

2012 MEMBERSHIP APPLICATION

Please mail completed application and applicable dues to:
Team Oakland Cycling, 1423 Elm Street, El Cerrito, CA 94530

PLEASE PRINT THIS FORM AND CLEARLY PRINT YOUR INFORMATION

Name: _____ Phone: _____

USAC License #: _____ E-mail: _____

Address: _____ City: _____

State: _____ Zip: _____ DOB: _____

- NEW MEMBER $50.00
- RETURNING MEMBER $50.00

WHICH OF THE FOLLOWING BEST APPLIES TO YOUR RIDING INTEREST? (PLEASE CHECK ALL APPLICABLE)

- SOCIAL/ GROUP RIDING
- ROAD RACING (CAT:____)
- MTB RACING (CAT:____)
- CX RACING (CAT:____)
- TRACK RACING(CAT:____)
- TRIATHLON (LEVEL:____)

- It is okay to list my contact info in the club directory. Access to the club directory is made available only to members, and sponsors. The directory will not be publicly disseminated, and all measures to protect our members' privacy will be observed. Having stated that, I would like my information to be included in the directory, which members may use as a resource to contact me. _____ (Initial)

- I would prefer my information to be kept confidential, and request my information not be included on the above-mentioned list. _____ (Initial)

In consideration of the acceptance of my application, I, for myself, my heirs, executors, successors, and assignees, waive, release and discharge all claims for damages resulting from death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation with Team Oakland Cycling. I understand this release is intended to discharge and release, in advance, Team Oakland Cycling Club, Team Oakland Cycling race team, it's members and their prospective agents, officers, officials, servants and representatives, and any involved municipalities and their respective agents and employees from and against any and all liability arising out of or connected in any way with my participation with Team Oakland Cycling even though liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. _____ (Initial)

I further understand that serious accidents occasionally occur while riding or racing bicycles. I understand that serious personal injury, death and/or property damage may occur as a consequence of my participation in said activities. Being of sound mind, and knowing the risks associated with riding and/or racing bicycles, I, for myself, my heirs, executors, administrators, successors, and assignees hereby agree to assume those risks and to release and hold harmless all of the above mentioned persons or entities who, through their negligence or carelessness, might otherwise be liable to me for damages. _____ (Initial)

I agree to wear a bicycle helmet on all club rides. _____ (Initial)

I agree that the race team name "Team Oakland Cycling" and no other variation of that name to register for all sanctioned, non-sanctioned, competitive and non-competitive cycling events that I participate in as a member of Team Oakland Cycling or Team Oakland Cycling race team. _____ (Initial)

MEDICAL/ EMERGENCY CONTACT INFORMATION (MUST BE COMPLETED):

PRIMARY CONTACT: _____ PHONE #: _____
Alternate Contact: _____ Phone #: _____
Physician's Name: _____ Phone #: _____
Medical Insurer: _____ ID #: _____

I have carefully read this agreement and fully understand the contents. I am aware that this is a release of liability, and a contract between Team Oakland Cycling and myself. By signing this contract I also agree to represent Team Oakland Cycling, it's members and sponsors in a positive, professional manner in accordance with club by-laws. I understand that that conduct detrimental to the continued positive image of Team Oakland Cycling, it's members or sponsors is grounds for termination of membership.

Sign: _____ Date:_____

Print: _____