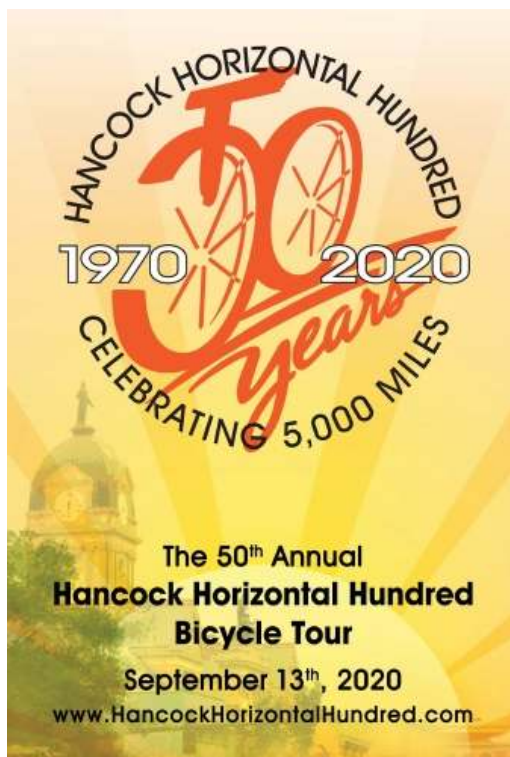


Please complete and sign the enclosed application, enclose your check by taping this brochure on three sides, apply the appropriate postage and place in the mail using this self-addressed brochure.

**Now Available**

This application can be downloaded and payment made by credit card from our website at <http://www.hancockhandlebars.org/membership.html>

Additional instructions will be found on the website.



The Hancock Handlebars Bicycle Club  
P.O. Box 232  
Findlay, Ohio 45839

The Hancock Handlebars Bicycle Club  
P.O. Box 232  
Findlay, Ohio 45839

## The Hancock Handlebars Bicycle Club Findlay, Ohio 45839

### Membership Application



[www.hancockhandlebars.org](http://www.hancockhandlebars.org)



## 2020 Membership Application for 2020

(All Dues Received between  
September 1<sup>st</sup> , 2019 and August 31<sup>st</sup>, 2020)

The Hancock Handlebars Bicycle Club  
P.O. Box 232 • Findlay, Ohio 45839  
[www.hancockhandlebars.org](http://www.hancockhandlebars.org)

The annual Hancock Horizontal Hundred Tour, held each September, is the primary fundraising event for the Club. I will volunteer a portion of my time to ensure the success of the event. Yes \_\_\_ No \_\_\_

Bicycle riding on lightly traveled roads is fairly safe. But there is some degree of hazard, so we must have the following release:

**WAIVER AND RELEASE OF LIABILITY -- READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the Hancock Handlebars Bicycle Club program, its related events and activities, I, \_\_\_\_\_ (name of participant), the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Hancock Handlebars Bicycle Club and USA Cycling, Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage

to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signed: \_\_\_\_\_

Age: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**PARTICIPANT'S SIGNATURE FOR PARENT / LEGAL GUARDIAN OF PARTICIPANTS OF MINORITY AGE**

This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Name(s) of Minor Participants:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
(Print Name)

Application for (Year) 20\_\_\_New \_\_\_ Renewal \_\_\_  
Club Membership Dues (Please mark one)

- \_\_\_ Single \$10.00
- \_\_\_ Family \$15.00
- \_\_\_ LAB/AYH Lifetime Membership (No Charge)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Home \_\_\_ Work \_\_\_ Cell \_\_\_

Birth Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Participant's Signature (If over 18) Parent's Signature (If under 18)

\_\_\_\_\_ Date \_\_\_\_\_

**Name and birth date of others in Family Membership**

1. \_\_\_\_\_ BD \_\_\_\_\_

Email If Different \_\_\_\_\_

2. \_\_\_\_\_ BD \_\_\_\_\_

Email If Different \_\_\_\_\_

3. \_\_\_\_\_ BD \_\_\_\_\_

Email If Different \_\_\_\_\_

4. \_\_\_\_\_ BD \_\_\_\_\_

Email If Different \_\_\_\_\_

**Bicycle Club Affiliations:**

LAB /AYH Life Membership #: \_\_\_\_\_