



Victoria BC Canada

2010 Membership Form

Please Print Clearly.

(Please note you must also complete the attached waiver form).

Last Name:	First Name:
Address:	City, Province:
Postal Code:	Phone:
Email:	Birth Date (m/d/y): M/F
Emergency Contact:	Areas of Interest (please circle one): Road Mountain Cyclocross Triathlon
Phone:	Track Recreational Other:

By applying for membership in the Schwalbe Cycling Club and by signing this form, I am confirming that I understand the risks inherent in cycling events. These risks arising from cycling various routes in traffic for long distances both night and day in a variety of weather conditions with a variety of other persons of different levels of skill. I agree to take responsibility for these risks and my safety. I further agree to release the Schwalbe Cycling Club and all its members, directors, sponsors and affiliates from any duty of care and I waive my right to sue the club, its directors, members, sponsors or its affiliates.

Signature: _____ Date: _____

PLEASE SUBMIT WITH ORIGINAL SIGNED WAIVER FORM AND YOUR MEMBERSHIP FEE (\$20) TO:

Schwalbe Cycling Club
c/o Cycles West
105-2355 Millstream Rd.
Victoria, BC V9B 3R5
250-474-2477
Attn: Simon

Important Note:

- Please refer to the attached information that provides general background regarding the club and membership obligations.
- Each member is responsible to purchase an Associate Membership or an applicable racing licence with Cycling BC immediately upon acceptance of your membership application by Schwalbe Cycling Club, if you wish to race or participate in club activities.