



Membership Application

The NRVBA's mission is to create a better community through and for bicycling. We offer something for everyone, regardless of whether you are a recreational cyclist, an avid rider looking for a sporting challenge, or a bike commuter. Membership benefits include weekly rides, use of bike travel cases, discounts at various bike/sport shops, winter spin classes and participation in special programs and education classes. Come ride with us anytime and check it out - a wonderful group of people that enjoy riding with others and promoting bicycling for fitness and transportation!

MAIL TO:

The New River Valley Bicycle Association
 P.O. Box 488
 Blacksburg, VA 24063-0488

FAMILY - \$20.00 _____
 SINGLE - \$15.00 _____

Membership begins January 1 each year and expires December 31. Applications will be accepted throughout the year; however, full dues must be paid regardless of start date.

*APPLICANT (list all family members, age **MUST** be provided for applicants under age 18)

_____	_____
_____	_____
_____	_____
_____	_____

*ADDRESS _____

*CITY/STATE/ZIP _____

*PHONE _____

*EMAIL _____

*Required

In consideration of the New River Valley Bicycle Club (New River Valley Bicycle Association, Inc.) accepting my membership application, I hereby waive, release, and discharge the club and its officers, event leaders, volunteer helpers, support crew members, organizers, sponsors, and participants from all claims for personal injury, property damage, and/or death resulting from my participation in club-sponsored events. I realize there are certain dangers inherent in the sport of bicycling and I assume these risks with the full understanding that serious injuries, even death, may result from participation in sponsored events. I intend this release to discharge the above-named from any and all liability arising from or connected in any way with my participation in sponsored events, even though that liability may result from negligence or carelessness of the above-named. I certify that all bicycles that I ride in club-sponsored events are suitable for safe use, and that I am in good physical condition. I agree to wear an A.N.S.I.- approved helmet and to obey all traffic laws as they apply to bicycles at all times during sponsored events. I have read this waiver, release, and assumption of risk and I agree that it shall be binding on my heirs and assignors. I give my permission for such medical treatment as may be required.

SIGNATURES (by all adults):

_____/_____
 Member Date

_____/_____
 Member Date

NOTE: Persons under the age of 18 must be accompanied at all times by a responsible adult. The Application Waiver Statement (above) must be signed by the participant's parent or legal guardian if the participant is under age 18.