

PLEASE PRINT YOUR INFO and ALLOW 2-4 WEEKS FOR PROCESSING

Name _____ **DOB** _____ **Gender** _____

Address _____

City _____ **State** _____ **ZIP** _____

Home phone _____ **Work phone** _____

E-mail _____

Membership: Family \$25 [] Individual \$15 []

List family members and birth dates for Family Memberships:

Name: _____ **Birth Date:** _____

Name: _____ **Birth Date:** _____

Name: _____ **Birth Date:** _____

Name: _____ **Birth Date:** _____

Name: _____ **Birth Date:** _____

Cycling is a rigorous potentially dangerous sport, the practice of which can result in serious, life threatening injuries. In consideration of my membership, I agree not to hold Bike Roswell!, or any of its members and/or directors liable for any injury or damage, however caused, which may result from my participation in any ride, race or event or on any marked route of any sort sponsored by or linked to Bike Roswell! and/or its affiliates.

Signature: _____

Date _____



Signature of Parents or Guardian, if under 18

Make checks payable to Bike Roswell! and mail to:

Bike Roswell! - P.O. Box 745 Roswell, GA 30077-0745