



## COLORADO TANDEM CLUB MEMBERSHIP FORM

Membership from January 1 through December 31, \_\_\_\_\_

New: \_\_\_\_ Renewing Member: \_\_\_\_ Membership (\$35 per Team) (Please print your e-mail address very clearly)

Name of Captain: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name of Stoker: \_\_\_\_\_ E-mail address: \_\_\_\_\_

(Only one e-mail is required for Club communications, the other is optional)

### Contact Information:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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

**Under no circumstance will we release your information to any party or organization outside of the Colorado Tandem Club.**

In signing this release for myself or a member of my family who is under the age of 18, I acknowledge that I understand intent hereof, and I hereby agree to and will absolve and hold harmless Colorado Tandem Club and its officers, and members and any other parties connected with club-sponsored rides in any way whatsoever, individually and collectively from and against any blame or liability for any injury, misadventure, harm, loss, inconvenience or damage suffered or sustained as a result of participation in said club-sponsored rides or activities associated herewith. I also consent to and permit emergency medical treatment in the event of injury or illness. I shall abide by traffic laws and regulations and practice courtesy and safe cycling. I also understand that the Colorado Tandem Club requires the use of helmets when participating in all club rides.

**Both the Captain and Stoker are required to sign the application and release.**

Captain's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stoker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this form along with a check made payable to Colorado Tandem Club at:

**Colorado Tandem Club** 3800 Buchtel Blvd, PO Box 101191, Denver, CO 80250