



COLORADO TANDEM CLUB MEMBERSHIP FORM

Membership from January 1 through December 31, _____

New: ____ Renewing Member: ____ Membership (\$50 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 80250-7545

(Please include street address with the PO box number.)