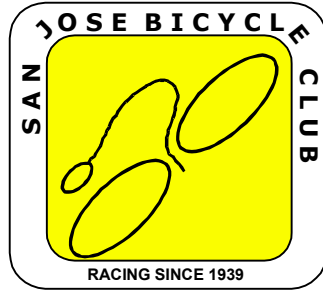


For other Info:

San Jose Bicycle Club, Inc.
PO Box 10512
San Jose, CA 95157-1512
PH (408) 920-1771

www.TeamSanJose.org



MEMBERSHIP CARD

Release

The intent of the following is to indicate your signed release of any liability claims against the San Jose Bicycle Club, its officers, sponsors, members or others in connection with any club event for any reason whatsoever.

In consideration of the acceptance of my membership in the San Jose Bicycle Club, or its successor, I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may have or which may hereafter accrue to me against the San Jose Bicycle Club, the officials, all municipalities, special districts and properties through which any events will be held or their respective officers, sponsors, agents, representatives, successors, and/or assigns for any and all damages which may be sustained or suffered by me in connection with my said association with the San Jose Bicycle Club or arising out of my traveling to participate in and return from any events.

Member's Name (Print) _____

Member's Signature _____ Date _____

Parent or Guardian must complete this form for Minors

I am the parent or guardian of the above listed applicant, and assure the San Jose Bicycle Club that the facts listed concerning my child or ward are true. By signing this form I am giving my permission for my child or ward to enter any bicycle race or event sanctioned by the San Jose Bicycle Club during the period for the membership applied for and also agree to the terms of the above listed Release.

Signature of Parent or Guardian (must be signed in ink) Date _____

(Print)

NAME _____

STREET _____

CITY _____ STATE _____

ZIP _____ DATE OF BIRTH _____

PHONE _____ ALT. PHONE _____

RACING LICENSE _____ CATEGORY _____

EMAIL _____

NOTES _____

This card entitles the named rider to compete as a member of the San Jose Bicycle Club under the rules of the San Jose Bicycle Club

Valid until Dec. 31, 20____

PRESIDENT

SECRETARY

MEMBER'S SIGNATURE

NAME _____

STREET _____

CITY _____

STATE _____ ZIP _____

MEDICAL HISTORY

BLOOD TYPE _____