

Janesville Velo Club Membership Application

Type of Membership: Name _____

Individual \$12/year Address _____

Family \$15/year City _____ ST _____ Zip _____

New Member Renewal Phone (____) _____ E-mail _____

Check if new address
Make checks payable to:
Janesville Velo Club
2236 Clover Ln
Janesville, Wis. 53545

Other Family Members _____

In consideration of my participation in the Janesville Velo Club, I hereby waive, release, and discharge any and all claims for damages, death, personal injury, property damage which I may have, or which hereafter accrue to me, as a result of my participation in said organization. This release is intended to discharge in advance the Janesville Velo organization, its officers, and any members from and against any and all liabilities arising out of or connected in any way with my participation in said organization. By signing this release, I hereby agree to the terms of this release.

Signature of Applicant _____

Date _____

Signature of Parent or Guardian of Minor _____

Date _____