

Verde Valley Cyclists Coalition - Membership Form

Mail to: VVCC - P.O. Box 20332, Sedona, AZ 86341-0332 (Phone: 928-284-9693)
 Checks payable to: Verde Valley Cyclists Coalition, Inc.

Name _____ Age _____ Male Female

Name Additional Family Members Age _____ Male Female

Name _____ Age _____ Male Female

Name (Family Memberships Only) Age _____ Male Female

Name _____ Age _____ Male Female

Address _____

E-mail _____ Phone _____

I prefer to receive e-mail in: Rich text Plain text Don't know

Membership levels

- Individual Member - \$20/year.** Benefits include voting privilege, VVCC bumper/window sticker and discounts on VVCC classes, merchandise and organized rides/events, in addition to our regular e-mail updates.
- Family - \$30/year.** Covers anyone in your immediate family living at home. One vote and regular e-mail update per family. Benefits as outlined above for each family member.

Donations

© 2004 VVCC

VVCC is a 501(c)(3) non-profit organization. Any additional amount you care to donate to help fund activities and educational programs is 100% tax deductible. Thank You!!

Tell us about you:

- Recreational road rider
- Serious roadie/commuter
- Mountain biker
- BMX rider
- Competitor
- Non cyclist
- Registered voter

I'm interested in:

- Road bike classes
- Mountain bike classes
- Bike maintenance clinics
- Kid's bike safety classes
- Leading rides
- Serving on committees
- Volunteer work (trail maintenance, staffing events, bike ed, etc.)

Please check all that apply.

Amount enclosed:

Membership dues	\$ _____
Donation	\$ _____
Total	\$ _____

Thank you for supporting VVCC!

All information you provide is confidential. A completed and signed **Acknowledgement of Risk** form (next page) for each individual listed above must accompany this form. Please print and complete an additional AOR for each family member.

Verde Valley Cyclists Coalition, Inc. (VVCC herein)
PARTICIPANT AGREEMENT / ACKNOWLEDGEMENT OF RISK

I, the undersigned participant, understand that the sport of **bicycling and participation in VVCC activities involves significant risk of personal injury and property loss**. Risks include, but are not limited to; suffering falls that may result in abrasions, lacerations, broken bones, internal injuries, **concussion, paralysis, or death**; becoming lost; encountering dangerous plants and animals; **colliding with automobiles** and/or other trail users; and suffering weather related injuries such as sunburn, dehydration, hypothermia and hyperthermia. **I acknowledge and accept these and all other risks, and I elect to participate in spite of the risks. I assume full responsibility for any injury and/or loss I may suffer as a result of my participation.**

Initial _____

I understand that VVCC activities will be conducted on public roads and trails where traffic laws and right-of-way rules exist for the protection of my person, property, other road and/or trail users and the environment. **I agree to abide by these laws and rules as set forth by the Arizona Revised Statutes and/or applicable land management agencies during my participation in any VVCC activity.**

Initial _____

The individual nature of the sport of bicycling dictates that many situations encountered on roads and trails will be beyond the control of my group leaders. I acknowledge that both known and unanticipated situations may arise that could result in personal injury and/or property loss, and **I may suffer injuries and/or losses regardless of the leaders' vigilance.**

Initial _____

I verify that I am physically and mentally fit to participate in the sport of bicycling, or I am willing to assume the risk of any medical or physical condition I may have.

Initial _____

Name of participant _____ Age _____

Address _____

Signature _____ Date _____

Must be completed if participant is under the age of 18 years. As the parent or legal guardian of the above named participant, I have read this document in its entirety and I understand and agree to its contents. I understand the risks inherent in the sport of bicycling, and **I choose to allow this minor to participate in VVCC activities in spite of the risks.**

Name of parent/guardian _____

Signature _____ Date _____

Emergency contact person _____ Phone _____