

# CHAIN REACTION CYCLING CLUB MEMBERSHIP APPLICATION

Single Membership – \$15 • Family Membership – \$20

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cell(s) \_\_\_\_\_

For family memberships: Please list names and ages of children, who must be under 18.  
(1 Address for All):

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## Please Circle Yes or No:

Are you willing to lead A Ride? Yes/No

Assist someone else with leading a ride? Yes/No

Other Help? (Please Specify) \_\_\_\_\_

## RELEASE AGREEMENT COMMONWEALTH OF KY; CO. OF McCRACKEN

In consideration for the Chain Reaction Cycling Club, permitting me to participate in club events as a member, I hereby release and forever discharge Chain Reaction Cycling Club, it's offices, members, leaders, and employees, from any and all liability arising out of my participation or travel to or from club events. I am fully aware of the dangers inherent in any bicycle ride and in traveling to or from such an event and expressly assume the risks of collisions and falls in connection with such a ride, race or event. I am responsible for wearing a correctly fitted ANSI or SNELL approved bicycle helmet on all club rides. Additionally, I do hereby agree that I will hold the Chain Reaction Cycling Club harmless and indemnified from any and all sums, claims, or judgments whatsoever which may be assessed against the Chain Reaction Cycling Club as a result or as a consequence of my involvement in traveling to or from said event. I further certify that I have read and fully understand the within Release, Assumption of Risk and Indemnification Agreement and that the contents were completely and candidly made to me and that I am voluntarily consenting thereto.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature for anyone under 18 years of age: \_\_\_\_\_

**Make checks payable to: CRCC Mail to CRCC: P.O. Box 2462 • Paducah, KY 42002**