

BRAZOS VALLEY MOUNTAIN BIKE ASSOCIATION



Membership Application
Contact Info: bvmbainfo@gmail.com
PO BOX 9603
College Station, TX 77842



Please Print or Type-Use Black Ink

Name: _____ **Age:** _____

Membership Type: New-Individual New-Family
 Renewal-Individual Renewal-Family

If family membership, other family member's names and ages: _____

Contact Information:

Mailing Address: _____

City: _____

State: _____ ZIP: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail: _____ Re-enter E-mail: _____

In the event of an emergency, contact:

Name: _____ Relationship: _____ Phone: _____

I consent to the publication of my name, photo, or contact information in a printed BVMBA club directory for distribution to club members only: Yes No

Please **READ** and **SIGN**: In submitting this application, I hereby make known that I will hold blameless the Brazos Valley Mountain Bike Association, it's officers, members, and volunteers, in the case of accident, injury or damage of any kind. I recognize that bicycling is potentially dangerous and I will use safe equipment. Even though bicyclists are not required by Texas law to wear helmets, I agree to wear a helmet when participating in any club rides and that I assume full responsibility for the selection and fitting of the helmet. By wearing a helmet, I understand the risk of serious, permanent head injury is greatly reduced. I understand that safety is my personal responsibility, and I agree to participate in keeping all BVMBA rides safe. I understand that all rides are on public roads and/or private property and that I will ride at my own risk. I am aware of the club policy that a parent or responsible adult must accompany all riders under the age of 18.

Signature: _____ **Date:** _____

Dues and Membership: Annual dues are \$30 for a new individual or family membership. This completed application form, waivers, and payment may be submitted at any club function or by mail. Membership will be valid until February 1st of the following year. Renewals are \$75 per year, discounted by \$5 for each service hour completed during the prior year. These service hours may be, but are not limited to, such activities as trail maintenance, club website development, and/or race volunteer.

Memberships and Service Hours are prorated based on the month you join:

Feb.-April	May-July	Aug.-Oct.	Nov.-Jan.
\$30.00	\$22.50	\$15.00	\$7.50
9 Hrs	6 Hrs	3 Hrs	0 Hrs



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RELEASE AND INDEMNITY AGREEMENT (PLEASE READ CAREFULLY)

EACH FAMILY MEMBER MUST SIGN AN AGREEMENT

BVMBA Member Name: _____

Please read and sign:

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Signature: _____ **Date:** _____

Parent or Guardian of Minor: I, as parent or guardian of the above named minor, hereby agree, individually and on behalf of my child or ward to all terms contained in this Agreement

Signature of parent or guardian if Member is a minor **Date:** _____