

Membership Registration 2018



---- mail payment to: ---

Skylands Cycling
P.O. Box 385
Newton, NJ 07860

Individual \$25 Circle one Family \$35

Name: \_\_\_\_\_
First Last Family Members

Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_ ext \_\_\_\_\_

E-mail: \_\_\_\_\_

May we share your email address with other club members in order to share information?
Yes, okay to share. No, only blind carbon copy.

Privacy Promise: Skylands Cycling respects your privacy and personal information.
Therefore, any and all information you provide to us will not be sold, exchanged, or
given to any Third-Parties.

Emergency Contact: \_\_\_\_\_
name phone relationship

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Years Cycling: \_\_\_\_ Interests: Road \_\_\_\_ Mtn \_\_\_\_ Track \_\_\_\_ Cyclocross \_\_\_\_
Recreational: \_\_\_\_ Touring: \_\_\_\_ Racing: \_\_\_\_ Lic# \_\_\_\_\_

I understand and accept that cycling can be a hazardous sport with inherent dangers. I accept the
responsibility for my own safety, and understand that Skylands Cycling cannot guarantee my safety while
bicycling. I also understand that Skylands Cycling is a non profit organization with limited liability under
the law of New Jersey.

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

2018 Waiver and release of liability

I have applied for membership in Skylands Cycling, and as a condition of my membership, hereby release
Skylands Cycling, its officers, directors, sponsors and members, from all liability for any injury or damage
arising from club activities. I also release USA Cycling, it's officers, directors, sponsors and members from
liability for any injury or damage arising from club activities. This release and waiver applies to my heirs
and estate, successors and assignees, and to all claims, including those I may not know about. I
understand that Skylands will apply or has applied for liability insurance through USA Cycling, which will
protect the club against liability claims by non members, and is required to obtain this waiver from all club
members in order to obtain such insurance.

\_\_\_\_\_  
Signature of club member

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