



Membership Application

One Year (20__)

Two Years (20__ - 20__)

	Individual: \$25		Individual: \$45
	Couple: \$45		Couple: \$75
	Family: \$50		Family: \$90
	Student: \$15		Student: \$25

Payment (cheque) must accompany this application. Return both to THE PULP, 10 Downie St.

Name(s): _____

Address: _____

Email: _____

Home Phone: _____ Cell: _____ Business: _____

Emergency contact information:

Name: _____

Relationship: _____

Email: _____

Home Phone: _____ Cell: _____ Business: _____

Check one

Cycling Skill Level		Beginner		Casual		Intermediate		Advanced
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* The information you provide will be securely stored and used by Cycle Stratford for membership purposes only.

** Important: Please turn over and sign.



Membership Agreement

Membership Benefits

Regularly scheduled group rides

Access to special events

Discounts on many items at local cycle shops*

*(*discount has been suspended for the 2020 cycling season to support local businesses)*

Workshops and safety clinics

A voice for cyclists in the community

To participate in any way in Cycle Stratford Incorporated (Club) sponsored bicycling activities, I acknowledge, agree and represent, that I am qualified, in good health, and proper physical condition to participate in bicycling activities.

I understand that bicycling activities will be conducted over public roads and facilities open to the public and fully understand that such activities involve risks and dangers of serious bodily injury or death. These risks and dangers may be caused by my own actions, the actions of other members, other parties or the conditions in which activities take place.

I fully accept and assume all such risks and all responsibility for losses, costs and damages which I may incur as a result of my participation in Club activities. I further agree to release from liability and to fully indemnify and save harmless Cycle Stratford Inc., its directors, officers and other members of the Club from and against any and all losses, claims, demands, actions, causes of actions, damages, loss of life, damage to my person or property, in any way arising out of my attendance or involvement in Cycle Stratford Inc. activities.

I am aware that my participation in Club activities does not provide me with any disability, accident, medical or life insurance.

I agree that I understand the Rules and Regulations of the Club and its Harassment Policy (see cyclestratford.ca) and agree to abide by these documents. I also agree that the Club may prohibit my participation in any program for inappropriate behavior or failure to abide by the rules.

Yes No I have read and fully understand the above conditions, release of liability and indemnity provisions.

Yes No I agree that Cycle Stratford may use photos of my likeness for membership purposes on their website, social media and publicity materials.

Signed _____ Date _____

Print Name _____

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Date received _____