



The GVBC respects your privacy especially with your personal information; your information will never be shared with anyone outside of the GVBC. As a GVBC member, you will be contacted for upcoming GVBC events, business, volunteering, and announcements. Thank you for your support of the Greenbrier Valley Bicycle Club

Last Name _____ First Name _____ Birth Date ___/___/___

Spouse's First _____ Birth Date ___/___/___

Address _____ Apt/Suite _____

City _____ State _____ Zip _____

Phone Number(s) _____

Email _____

Emergency Contact 1: Name _____

Phone Number(s) _____

Emergency Contact 2: Name _____

Phone Number(s) _____

PLEASE CIRCLE ALL Your Cycling/Recreational Interests:

Road MTB Trail Cyclocross Triathlons Hiking Trail Running Other (explain): _____

PLEASE CIRCLE ALL Categories you might be willing to help us with:

Board of Directors Ride Leader Social Events Cycling Education Advocacy Newsletter

Nutrition/Health Youth Programs Other (explain): _____

Waiver, Release and Assumption of Risk

In consideration of the Greenbrier Valley Bicycle Club,(GVBC) accepting my membership application, I hereby waive, release and discharge the GVBC (and subsidiaries) and its officers, event leaders, volunteer helpers, support crew member, organizers, sponsors, and participants from all claims for personal injury, property damage or death resulting in my participation in GVBC (and subsidiaries) sponsored events. I realize there are certain dangers inherent in the sport of bicycling, and I assume these risks with full understanding that serious injuries, even death, may result from participation in GVBC (and subsidiaries) sponsored events. I intend this release to discharge the above named from any and all liability arising from or connected in any way with my participation in GVBC (and subsidiaries) sponsored events, even though that liability may result from negligence or carelessness of the above named. I certify that my bicycle is suitable for safe use, and that I am in good physical condition. I agree to wear an ASTM, ANSI, and SNELL approved helmet and to obey all traffic laws at all times during GVBC (and subsidiaries) sponsored events. I have read this waiver and release and fully understand its terms, and agree that it shall be binding on my heirs and assigns. I give my permission for such emergency medical treatment as may be required.

Date _____

Signature _____

(Annual membership commences on date of signed application)

Annual Membership: \$20.00

Amount of check \$ _____

BICYCLE HELMETS REQUIRED ON ALL CLUB RIDES

Please make check payable to GVBC and mail to 204 Randolph Street West, Lewisburg, WV 24901