

JINDABYNE CYCLING CLUB



MEMBERSHIP FORM

RENEWAL NEW MEMBER ADULT \$30 JUNIOR (<18) \$15 FAMILY \$60

FIRST NAME	SURNAME	DOB	SEX	CA LICENCE	MTBA LICENCE	TRI LICENCE

MAILING ADDRESS _____

CITY _____ POSTCODE _____

PHONE _____ EMAIL _____

Anyone who is over the age of 18 years (or parent \ Guardian for Juniors) and wishing to become a member of Jindabyne Cycling Club (the Club) must sign below. I have read and fully understand the Club Handbook and I agree to participate in events run by the Club on the following basis:

By participating, I accept all risks necessarily flowing from my participation which would result in loss of life or permanent injury. Accordingly I release all people associated with the conduct of events and club training from, and will indemnify them against all liability (including liability for their negligence) for all injury, loss or damage arising out of, or connected with, my participation in events and Club training.

This release and indemnity continues forever and binds my heirs, executors, personal representatives and assigns. I acknowledge that events and training involve the real risk of serious injury or death, from various causes including over-exertion, equipment failure, dehydration, accidents with other competitors, spectators and road users, the course and weather conditions, just to name a few. I agree to abide by all race rules, road and traffic authority rules and regulations and directions issued by the event and Club training organisers and their appointed officials. I acknowledge that failure to observe and obey all road rules will result in my disqualification from the event and Club training and immediate suspension from the the Club. I acknowledge that abuse of a Club event official will result in my disqualification from the event and immediate suspension from the Club.

I understand that I should not participate in events or Club training unless I have prepared appropriately and my physical condition has been verified by a medical practitioner. I understand that safety precautions undertaken by event organisers and Club coaches at Club training (such as course supervision and event safety briefings) are a service to me and other competitors but are not a guarantee of safety. I agree to pay all necessary fees set by the Club to participate in Club organised events and training. I certify that I am eighteen years of age or older and I have read this document and fully understand it.

SIGNATURE OF MEMBER _____ DATE _____
PARENT OR GUARDIAN IF UNDER 18 YEARS OLD

SIGNATURE OF MEMBER _____ DATE _____

SIGNATURE OF MEMBER _____ DATE _____

SIGNATURE OF MEMBER _____ DATE _____

SIGNATURE OF MEMBER _____ DATE _____

Electronic funds transfer:

Account name: Jindabyne Cycling Club
BSB: 062655
ACC: 10133480

Include your surname as reference on transfer.
Scan and email this membership form to
secretary@jindabynectmc.com.au

All cheques made payable to:

Jindabyne Cycling Club
PO Box 733
Jindabyne NSW 2627