



*Cycle the Oregon Coast*  
**Yaquina Wheels Bicycle Club**  
**Application for Membership**

Type of Membership:

- Individual \$12 per year
- Family \$15 per year
- Student \$6 per year

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ E-Mail \_\_\_\_\_

- New Member
- Renewal

If Family membership, list members \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Make checks payable to: Yaquina Wheels Bicycle Club  
Send To: YWBC c/o Jim Colbert  
245 30<sup>th</sup> St. SW. Unit C. Newport. OR 97365

In consideration of my participation in Yaquina Wheels Bicycle Club, I hereby waive, release, and discharge any and all claims for damages, death, personal injury, or property damage which I may have, or which hereafter accrue to me, as a result of my participation in said organization or their activities such as club organized rides and events. This release is intended to discharge in advance the Yaquina Wheels organization or officers, and any involved municipalities or other public agencies, from and against any and all liabilities arising out of or connected in any way with my participation in said organization. I further understand that serious accidents occasionally occur during bicycle riding, and that participants occasionally sustain mortal or serious personal injuries or property damage as a consequence thereof. Knowing the risks of bicycle riding, nevertheless I hereby assume those risks and do hold harmless all persons or entities related to the Yaquina Wheels Bicycle Club who (through negligence or carelessness) might otherwise be liable to me (or my heirs and assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk, is to be binding on my heirs and assigns. I acknowledge that an ANSI certified helmet is required to be worn by me at all times while riding a bicycle in any Yaquina Wheels event. By signing this release, I hereby agree to the terms of this release.

Signature of Applicant \_\_\_\_\_  
Signature of Parent or Guardian of Minor \_\_\_\_\_

Date \_\_\_\_\_  
Date \_\_\_\_\_