



## Club Membership Application

Riding Season Calendar Year: \_\_\_\_\_ (please indicate the calendar year, i.e. 2018)

Name: \_\_\_\_\_

Local Address (as applicable)

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

*Please print clearly*

### Membership Dues:

\$25 per individual or \$50 for a family

Send a check with this application to:  
Maine Coast Cycling Club  
P.O. Box 581  
Kennebunkport, ME 04046

If you have any questions please call:  
Peter Raymond, MC3 President at 207-967-0848  
Or visit our website at [www.mainecoastcycling.com](http://www.mainecoastcycling.com)

### Liability waiver (Please read and sign)

THE RIDER, AND HIS OR HER HEIRS AND ASSIGNS AGREE TO HOLD HARMLESS MAINE COAST CYCLING CLUB AND MC3 BOARD MEMBERS IN THE EVENT OF AN ACCIDENT, INJURY, OR DEATH WHILE IN THE CONFINES OF TRAINING, RACING, GROUP RIDING, OR TRAVELING TO EVENTS. THE RIDER AGREES THAT PARTICIPATION IN THE SPORT OF CYCLING IS INHERENTLY DANGEROUS AND AGREES TO ASSUME ANY SUCH RISKS THAT MAY ACCOMPANY THE SPORT OF CYCLING AS WELL AS TRAVEL TO CYCLING EVENTS.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

(if applicant is under 18 years of age)

Dues: \$25 per individual or \$50 for a family membership