



2009 MEMBERSHIP APPLICATION

Please mail your completed application form with the membership fee payable to:
OAKLAND YELLOWJACKETS: 2185 Manzanita Drive, Oakland, CA 94611

Annual Membership Fee per person is \$30.00. Membership valid 1/1/2009 - 12/31/2009
For more information, visit www.oaklandyellowjackets.org or call 510.986.9011.

PLEASE PRINT CLEARLY OR TYPE DIRECTLY INTO THIS FORM, THEN PRINT OUT

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

In consideration of the acceptance of my application, I, for myself, my heirs, executors, administrators, successors and assigns, waive, release and discharge all claims for damages resulting from death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation with this organization. I understand this release is intended to discharge and release, in advance, the Oakland Yellowjackets Bicycle Club, its members and their respective agents, officers, officials, servants and representatives, and any involved municipalities and their respective agents and employees from and against any and all liability arising out of or connected in any way with my participation with this organization even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

I further understand that serious accidents occasionally occur during bicycle rides and that participants in such events occasionally sustain serious personal injury, death and/or property damage as a consequence of that participation. Nevertheless, knowing the risks of bicycling, I, for myself, my heirs, executors, administrators, successors and assigns hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above, who, through their negligence or carelessness, might otherwise be liable to me for damages.

I AGREE TO WEAR A BICYCLE HELMET ON ALL CLUB RIDES

MEDICAL INFORMATION (must be completed by applicant)

Emergency Contact 1 Name: _____ Phone #: _____

Emergency Contact 2 Name: _____ Phone #: _____

Physician's Name: _____ Phone #: _____

Medical Insurer Name: _____ ID#: _____

Group #: _____

Known Allergies: _____ Your Age: _____

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Oakland Yellowjackets Bicycle Club and sign it on my own free will.

Your signature: _____ Date: _____

With which rider group will you most frequently participate? (Please check one)

- LIGHT: Slow and easy, leisurely pace, mostly flat terrain, frequent rest stops
- HUMANE INTERMEDIATE: Moderate pace and difficulty, some hill climbing, frequent rest stops
- ADVANCED INTERMEDIATE: Fast pace, longer distance, hill/mountain climbs, fewer rest stops
- ADVANCED RIDER: Fastest pace, most difficult, hills/mountains, few rest stops.