



# Membership Application

Join online at [www.brbcva.org](http://www.brbcva.org)

**Who we are:**

The Blue Ridge Bicycle Club promotes the use of bicycles for recreation in southwestern Virginia; supports the rights of cyclists; and provides recreational cycling activities for our members. The BRBC hosts a weekly Tuesday Night Ride, the Spring Summits Challenge, the Artie Century Ride, Star Challenge climbing competition, and the SeptemberCross cyclocross series.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse First: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Names of children: \_\_\_\_\_  
*(Children under the age of 22 are considered for the Family Membership option)*

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Spouse Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Note:** Riders under the age of 18 must be accompanied by a responsible adult. This waiver statement must be signed by the participant or, if the participant is under the age of 18, by the participant's parent.

**Membership Status:**

- New
- Renewing

**Membership Type:**

- Individual - \$30
- Family\* - \$40

*\*Married couple or single parent with children 22 years or younger living at one address.*

Please mail this application, signed waver, and payment (payable to BRBC) to:  
P.O. Box 13383  
Roanoke, VA 24033

**Waiver, Release, and Assumption of Risk**

In consideration of the Blue Ridge Bicycle Club, Inc. (BRBC) accepting my membership application, I hereby waive, release, and discharge the BRBC (and subsidiaries) and its officers, event leaders, volunteers, support crew, organizers, sponsors, and participants from all claims for personal injury, property damage or death resulting in my participation in BRBC sponsored events. I realize there are certain dangers inherent in the sport of cycling, and I assume these risks with full understanding that serious injuries, even death, may result from my participation in BRBC sponsored events. I intend this release to discharge the above named from any liability arising from or connected in any way with my participation in BRBC 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 BRBC 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 treatment as may be required.

\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature

\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Spouse Signature

\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Parent/Guardian Signature

**Thank you for your support of the Blue Ridge  
Bicycle Club!**