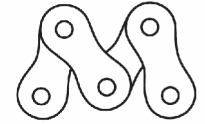


Macatawa Cycling Club – Membership Application
 Mail completed form to: PO Box 2942, Holland MI 49422-2942



MACATAWACYCLINGCLUB

MACATAWACYCLINGCLUB

Name: _____ Age: _____
 Additional Family members:
 Name: _____ Age: _____
 Name: _____ Age: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: (____) _____ EMail: _____

Annual Membership Dues (checks payable to Macatawa Cycling Club)

- Single, \$20
- Family, \$35

MCC will generate and distribute a Membership book for 2007

- No, do not include my contact information

What kind of riding do you like to do?

- Off-road/Mountain biking
- Road
 - 10-15mph 18-20 mph
 - 15-18 mph 20+ mph

AGREEMENT AND RELEASE OF LIABILITY
 (READ THOROUGHLY BEFORE SIGNING)

In being granted membership in the Macatawa Cycling Club, I agree to abide by the rules of the club and USA Cycling. I agree to pay Club dues of \$20 per year per person, or \$35 per year per family. I agree to abide by the Club's Rules of Conduct and represent the Club in a responsible, courteous, and professional manner during competition, training, and in all other capacities. I agree to wear the names of Club clothing used in racing. I acknowledge that bicycling is an inherently dangerous sport in which I am participating at my own risk. I recognize that MCC is an organization formed to advance the sport of bicycling, the efforts of which directly benefit me. In consideration of the agreement of MCC to grant me membership, on behalf of myself, my heirs, assigns and personal representatives, I release and forever discharge MCC, its members, sponsors, officers, promoters, affiliates, and USA Cycling from any liability, claim, loss, cost or expense, and waive any such claims against any such person or organization, arising directly or indirectly from or attributable in any legal way to any action or omission of any such person or organization in connection with sponsorship, organization or execution of any bicycle racing or sporting event, including travel to and from such activities of MCC, racing events, or sporting events in which I may participate as a rider, team member, or spectator. To the best of my knowledge I have no physical condition which would interfere with my ability to participate in or attend any such event or would endanger my health thereby.

Signature _____ Date _____

All members of Family Membership must sign:

Signature _____ Date _____

Signature _____ Date _____

Parent or Guardian of Minor: I, as parent or guardian of the above member, give my permission for my child or ward to become a member of Macatawa Cycling Club, and agree on behalf of my child or ward to the terms of the above agreement.

Signature _____ Date _____