

place
stamp
here

- Tired of riding alone?
- Meet new friends
- Learn bicycling skills
- Annual Great Greenway Tour
- Community Events & Benefit Rides
- Only \$15 per family

Delaware Cycling Club
Box 763
Muncie, IN 47308



Delaware Cycling Club

"Working Together to Ride Together"

www.delawarecyclingclub.org



Delaware Cycling Club

• **Who:** Our goal is to help members enjoy the health and social benefits of riding with other cyclists at any level. Our current membership includes beginners, novices, triathletes and ultra-marathonists.

• **What:** The DCC promotes any type of biking (i.e. road, mountain) in Delaware County. We support other organizations such as the Indiana Bicycle Coalition and the Cardinal Greenway.

• **When:** The DCC official schedule begins in April and ends in October. Some dedicated members ride throughout the year. See "delawarecyclingclub.org" or stop by one of the local bike shops for more details.

• **Where:** Most rides begin at the Wyszor St. Depot. From there the DCC has a variety of destinations both in and surrounding the county. Distances ranges from 10 miles for some members, while other more experienced members choose destinations that will take them over 100 miles as a team.

• **Other:** Membership includes a newsletter, ride schedule, discounts at various vendors in Muncie, IN & camaraderie of riding with other avid cyclists!

Delaware Cycling Club Membership Application

[] new [] renewal

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

E-mail _____

Emergency Contact Name

Emergency Contact Phone

Optional Information, for membership pocket card:

Organ Donor? (Y / N) Blood Type _____

My cycling interests include:

You must sign the enclosed waiver. Applications without a signed release will not be accepted!

I've enclosed:

- [] \$15 Yearly dues (per family)
- [] _____ Donation to Delaware Cycling Club
- [] _____ Donation to Cardinal Greenway

For more information about DCC,
see our website:
<http://delawarecyclingclub.org>

Delaware Cycling Club Required Waiver of Liability Signature

I, the undersigned, freely acknowledge and realize the dangers of participating in the sport of bicycling and fully assume all risks including, but not limited to, collision with pedestrians, vehicles, other riders, sponsors, promoters, or drivers, and dangers arising from falls, road surface, equipment failure, inadequate safety equipment, weather conditions, as well as the possibility of fixed or moving objects, the negligence of other riders, as well as the possibility of physical or mental trauma (or injury). I understand that bicycling on public roads is inherently risky and that cyclists have been hospitalized or killed because of traffic mishaps that are either their responsibility or other's responsibility, and I further agree that I will bear all expenses incurred in any such accidents. I realize that bicycling requires physical conditioning and I represent that I am in sound medical condition. I have no physical or medical impediment which would endanger myself or others. I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors), any and all rights and/or claims which I have, may have or may hereafter accrue to me against Delaware Cycling Club, Team Extreme, the Muncie Family YMCA, their sponsors, promoters and members for any and all damages, injuries or claims which may be sustained by me directly or indirectly arising out of my participation in any scheduled rides, including (but not limited to) evening training rides, Saturday Delaware Cycling Club rides and weekend endurance rides. I agree that if I or anyone on my behalf makes a claim against of the releases, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such a claim and any claims will be filed in Delaware County, Indiana. I accept responsibility for the condition and adequacy of my bicycle. I will wear a properly fitted ANSI/Snell approved bicycle helmet on my head at all times while on my bicycle. This agreement may not be modified orally and may not be waived in any respect.

Name _____

Signature _____

Date _____