

Thunder Mountain Wheelers

PO Box 203
Delta, CO 81416



MEMBERSHIP APPLICATION

Date: _____

Last Name: _____ First: _____ Spouse: _____

Additional Family Members: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Primary Phone: _____

Alternate Phone (Work or Cell): _____ (If assisting with Search & Rescue)

Preferred Newsletter Delivery Method Email or Postal Mail Delivery

Annual Membership Dues Listed Below. Please make your check payable to: Thunder Mountain Wheelers
Your membership will be for one year from the time you pay your dues.

_____ \$35 Individual or Family

_____ \$45 Patron – Individual or Family

_____ \$60 Benefactor – Individual or Family

_____ \$300 Lifetime – Individual or Family

_____ \$50 Business (Includes Business Card advertising in the Newsletter – Enclose business card w/ application)

Please mail your application and check to: Thunder Mountain Wheelers, PO Box 203, Delta, CO 81416

PLEASE READ AND SIGN THE CLUB ACTIVITIES/RIDE WAIVER ON THE BACK OF THIS APPLICATION.
MEMBERS, GUESTS OR MINORS WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT A COMPLETED WAIVER.

THUNDER MOUNTAIN WHEELERS WAIVER AND RELEASE

I, the below named Participant, being at least 18 years of age or the parent or guardian of a minor, in consideration of being permitted by Thunder Mountain Wheelers to participate in, all activities, rides, or outings in association with Thunder Mountain Wheelers, hereby WAIVE, RELEASE, and DISCHARGE the officers, directors, employees, members, agents, assigns, legal representatives and successors, any business associates and partners involved in or with the membership of Thunder Mountain Wheelers, from all liability for or by reason of damage, loss or injury to person or property, even injury resulting in death of the Participant, which has been or may be sustained in consequence of participating in any Thunder Mountain Wheelers rides, outings or activities, and notwithstanding that such damage, loss, injury or death may have been caused solely or partly by the negligence of Thunder Mountain Wheelers.

I hereby acknowledge and agree that I have carefully read this Waiver and Release, that I fully understand same, and that I am freely and voluntarily executing same. By signing this Waiver and Release I will be forever prevented from suing or otherwise claiming against Thunder Mountain Wheelers for any property loss or personal injury or death that I may sustain while attending and/or participating in any activities involving Thunder Mountain Wheelers.

I acknowledge that I am informed and understand both the major and minor hazards and risks (which may include sprains, strains, dislocations, teeth (loosened/broken/knocked out), amputations, cuts, bruises, breaks, head injuries, paralysis, up to and including death) associated with my membership, participation, and/or attendance. I understand and accept those hazards and risks. I have determined whether I have adequate separate personal insurance to cover all harm that I or my family may suffer due to attendance or participation in any Thunder Mountain Wheelers club or related activity and I have personally obtained all insurance protection that I want. I understand that I will not be permitted to participate in any activity, ride or outing unless I sign this Waiver and Release.

I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AND I AM AWARE THAT BY SIGNING THIS WAIVER AND RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THUNDER MOUNTAIN WHEELERS.

Name of each family member: (Do not sign unless you are age 18 or older. For families at least one of the participants must be 18 or older, and a parent or guardian must sign for family members under the age of 18.)

Participant Printed Name	Signature	Date
--------------------------	-----------	------

Participant Printed Name	Signature	Date
--------------------------	-----------	------

Participant Printed Name	Signature	Date
--------------------------	-----------	------

Participant Printed Name	Signature	Date
--------------------------	-----------	------

Address	City	ST	Zip
---------	------	----	-----