

Central Virginia Mountain Bike Association



- Individual Membership Fee \$10.00 enclosed

(Individual membership applies to persons 18 years and older)

- Family Membership Fee \$13.00 enclosed

(Family membership includes 1 or 2 adult family members and dependants under 18 years of age)

Fees are good for calendar year of signed registration form and fees paid. Member renewal is due January 1st of each year.

How did you find out about the CVMA?

- Through Bikes Unlimited?

- From a member of the CVMA?

- Other? _____

As a CVMA member, you can receive "Incentive Points" in the "Incentive Point Competition" for signing up new members. Please give the name of the CVMA member who invited you to join so that we can credit them accordingly.

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Name of referring CVMA member? _____

Name: _____

Address: _____

City, State, & Zip: _____, _____

Telephone: (Home) (____) ____ - ____

(Work) (____) ____ - ____

Your E-mail address: _____ Birth Date: __/__/____

Emergency Contact: _____ Phone: (____) ____ - ____

Do you race? YES | NO If yes, what division? _____

How often do you ride? _____ times / week

Are you interested in being an officer or on the board of the CVMA?

YES | NO (circle one)

Learn about club activities, get involved, and join the CVMA listserv by sending an email to

CVMA_List-subscribe@topica.com

using your email account.

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I fully understand that bicycling activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death. I understand that these risks and dangers may be caused by my own actions or inaction's, the additions or actions of others participating in the activity, the condition in which the activity takes place or the negligence of the "Releases" named below. I understand there may be other risks and social economic losses either not known to me or not readily foreseeable at this time and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the activity. I certify that my bicycle is suitable for safe use and that I am in good physical and mental condition. I agree to wear an A.N.S.I. approved helmet and to obey all trail markings at all times during CVMA sponsored events.

I agree, for myself and successors, that the above representations are contractually binding, and are not mere recital, and that should I or my successors assert my claim of contravention of this agreement, I or my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other party or parties are finally judged liable on such claim for willful and wanton negligence. This agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provisions herein or as a consent to any subsequent waiver or modification.

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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 medical treatment as may be required. I also give the CVMA permission to use any photographs of myself, taken during club associated events, in any advertising or related materials.

PARENT OR GUARDIAN OF A MINOR (Parents are required to accompany minors age 12 and under who are members of the CVMA.) I, as a parent or guardian of the below named minor, hereby give my permission for my child or ward to ride on Lynchburg City Property and further agree, individually and on behalf of my child or ward, to the terms above.

Rider's Signature: _____
Date: _____

Parent or Guardian Signature: _____
Date: _____

MAKE CHECKS PAYABLE TO

CENTRAL VIRGINIA MOUNTAINBIKE ASSOCIATION

and print this form, complete and return application with payment to:

Central Virginia Mountain Bike Association

c/o Bikes Unlimited 2248 Lakeside Drive

Lynchburg, Virginia 24502

Ph.(434)385-4157