



MEMBERSHIP FORM FOR 2019/20 WAIPA MOUNTAIN BIKE CLUB INC

Please post to: Waipa MTB Club, c/-1992 Te Rahu Rd, R.D.1, Te Awamutu 3879
or scan and email to Treasurer Kelly at k.gleeson@live.com
(Membership year is from September – August)

Date: _____ Age: _____ Male / Female

Name: _____

Address: _____

Phone No: _____ Mobile No: _____

Email: _____

Please print clearly

Club Membership Donation: Family \$45.00 / Individual \$35.00

Please pay to club account no: **38-9008-0187077-00** & include your name as reference.

If Family Membership please complete details of other family members on page 2

Note: a family membership applies if there are two or more from the same family joining the club

Season Event Disclaimer and Waiver of Liability – Waipa Mountain Bike Club Inc.

- I declare I will be 18 years or over for the season 2018 / 2019.
- I acknowledge and agree that it is my responsibility to determine whether I am sufficiently fit and healthy enough to safely participate in a Waipa Mountain Bike Club Inc event. I will participate or compete at my own risk.
- I am fully aware of the actual and potential risks in participation in these events including; physical injury, potential death and property damage.
- To the extent permitted by law, I accept that the organisers and sponsors of the club events and any of their agents or representatives, will not be liable for any loss, damage, personal injury action, claim, costs or expenses which may arise, through neglect or otherwise, in consequence of my participation of the event.
- I grant my permission to Waipa Mountain Bike Club Inc and its sponsors and their licensees to use or authorise others to use photographs, motion pictures, recordings, data or any other record of my participation in this event for any legitimate purpose and I waive any rights to receive remuneration.

I have read and understand the above

Signed: _____ Name: _____

If under 18 – signed by guardian

Signed: _____ Name: _____

Family Membership Details 2019/2020 season

Name: _____ Male / Female

Signed (if over 18) : _____ Age (if under 18): _____

Name: _____ Male / Female

Signed (if over 18) : _____ Age (if under 18): _____

Name: _____ Male / Female

Signed (if over 18) : _____ Age (if under 18): _____

Name: _____ Male / Female

Signed (if over 18) : _____ Age (if under 18): _____

If individual family members are under 18, guardian please read & sign below:

- I declare I am the guardian of the minors listed above.
- I am fully aware of the actual and potential risks in participation in these events including; physical injury, potential death and property damage.
- I acknowledge and agree that it is my responsibility to determine whether the people listed above are sufficiently fit and healthy enough to safely participate in a Waipa Mountain Bike Club Inc event and that in any case they will compete with my permission and all of us at our own risk.
- To the extent permitted by law, I accept that the organisers and sponsors of the event, or any of their agents, will not be liable for any loss, damage, action, claim, costs or expenses, which may through neglect or otherwise arise, in consequence of the above listed people's participation in the event.
- I grant my permission to Waipa Mountain Bike Club Inc and its sponsors, assigns and licenses to use or authorise others to use photographs, motion pictures, recordings, data or any other record of our participation in this event for any legitimate purpose without remuneration.

I have read and understand the above

Signed: _____

Name: _____

For Club use only

Paid Date: _____ Method: _____