



# Bike Psychos Membership Application

*Return completed form and fee to:*

**Bike Psychos, PO Box 652, Oak Lawn, IL 60454**

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone (optional): \_\_\_\_\_ Email: \_\_\_\_\_

Birthday MM/DD (optional): \_\_\_\_\_

Individual Membership (\$20)  Family Membership (\$25)

Include all family member's names and children's ages (attach separate page if necessary):

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

### **Participation in all Bike Psychos Club activities is at the rider's risk!**

I understand that the Bike Psychos and its officers and members are not responsible for, and are not insurers of my personal safety during its club rides. I hereby release the Bike Psychos and its officers and members and I agree to hold them harmless from any and all liability arising from my having sustained any property damage or personal injury while participating in club rides and activities. Bike Psychos requires a certified bike helmet to be worn on all rides.

Date \_\_\_\_\_ Guardian Signature (for children under 18) \_\_\_\_\_

Member Signature \_\_\_\_\_ Spouse Signature \_\_\_\_\_