



Guest Membership Application and Waiver of Liability Form

Ride Leader: _____

Purpose: The signing of this form grants the bicyclist the status of Guest Member in the CCBC for a 14 day period from the date of signature. This completed and signed form provides medical coverage for the guest rider and liability insurance for the Club while the guest rider is riding with the Club during this 14 day period.

Instructions for Ride Leaders: This form will cover the guest bicyclist for multiple rides during the 14 day period without the requirement to sign another waiver form. This 14 day period provides ample time for a new rider to fill out the new member application and send it with a check to our Club for permanent membership. After the 14 day period has expired, the bicyclist may not ride with the Club without full membership status. Ride leaders may use one form for multiple guests on any given day. Use a new form for each day. Ride leaders, please send completed forms to the CCBC Secretary, PO Box 7424, North Port FL 34290-0424 for filing.

Liability Waiver: *I will bicycle with the Coastal Cruisers Bicycle Club on organized and scheduled rides entirely at my own risk. I certify that my health and physical ability will allow me to ride with no detrimental medical effect. Further, I will refrain from riding at a pace, style or distance which would put me at risk. I understand that bicycling involves physical risks and dangers of bodily injury and that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the activity, the conditions in which the activity takes place, or the negligence of others. I will not hold Coastal Cruisers Bicycle Club, its officers, its ride leaders, or any member of the Club responsible for any accident resulting in injury, death, or damage to bicycle or property or negligence in rescue operations. I understand that this covers only the period of 14 days from the date below. (Signature required for each bicyclist.)*

Print Name:	Signature:
Date:	Emergency Contact name & ph #:

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Date:	Emergency Contact name & ph #:

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Date:	Emergency Contact name & ph #:

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