



2025 Membership Application

2025 Club Memberships Expire on 31 December 2025
This Form is good till 1 January 2026

Fees: Individual \$20.00 Family \$25.00

Family Members must submit one form for each adult

Read waiver, sign, date, enclose
appropriate payment & mail to:

Membership
Schaumburg Bicycle Club
PO Box 68353
Schaumburg, ILL 60168-0353

| | | | |
|-----------------|--|--|--------------|
| Name: | | E-Mail Address: | |
| Street Address: | | Include me in the club directory: Yes / No | (Circle one) |
| City: | | Home Phone: | |
| State: | | Cell Phone: | |
| Zip Code: | | Work Phone: | |
| | | | |

EMERGENCY (ICE) Who does ride leader call in case of emergency:

| | | | |
|-------|--|--------------|--|
| Name: | | Telephone #: | |
| Name: | | Telephone #: | |

RELEASE AND WAIVER

In consideration of being accepted as a member of Schaumburg Bicycle Club and to participate in club rides and/or events, including transportation to and from same, I do hereby for myself, my heirs, executors and administrators, release and forever discharge Schaumburg Bicycle Club, its officers and members from any and all claims, demands, actions and/or liabilities on account of any injury to me which may occur from any cause whatsoever, including negligence or other fault on the part of anyone released hereunder, during my participation in or transportation to or from said club rides and/or events.

I acknowledge I am aware of the risks and hazards inherent upon engaging in said club activities, and I do so entirely upon my own initiative, risk and responsibility. I further understand the club depends upon its members to provide and lead club activities and that those members rely on the protection afforded hereunder. I hereby further agree to operate my bicycle in a manner that is safe to me and those around me, to observe all applicable safety regulations and to conduct myself in a manner that will be complimentary to the sport of bicycling.

It is my intent this release and waiver apply at all times, notwithstanding my membership in Schaumburg Bicycle Club may have expired, relapsed, been renewed or reinstated after a period of non-membership. I further acknowledge I have read the forgoing release and waiver and understand it, including it is intended to cover occurrences which may not yet have occurred and which are unknown to me, and not withstanding the forgoing, I sign it voluntarily and with full intent it is forever enforceable.

I understand, agree and comply all children under legal age MUST be accompanied by a parent at ALL club functions, must sign this release/membership form, any activity sign-in sheets and their signature initialed by their parent

| | | | |
|--|-----------------|------|--------|
| Member Signature | | Date | |
| | | | |
| Child name (print) | Child Signature | | |
| | | | |
| | | | |
| | | | |
| Primary adult member if family membership: | | | |
| Office Use Only | Rec'd By | Date | Amount |
| | | | Ck # |