

# Bikeatoga Membership

Applicant or Parent/Guardian Name (Primary Contact for family membership):

\_\_\_\_\_

Address:

\_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Membership Year: \_\_\_\_\_

Please list additional member name(s), e-mail address(es), and age(s) if under age 18 years on the rear of this form.

In an effort to include all members of our community, Bikeatoga will not deny anybody membership due to financial or time constraints. Please select Scholarship if this applies to you. \$5 or 1 hour of time is suggested, but no individual will be denied if this too is a constraint to membership.

**CODE OF CONDUCT**: Bikeatoga wishes to create an environment that is open, respectful and inclusive during our meetings, at our events, and in the Bike Workshop. We welcome people of all backgrounds and identities to become members. All members must be respectful and considerate of other members' ideas. Harassment, insults or degradation of others will not be tolerated. Officers and members must act respectfully at all times. Any member who, in the opinion of the Board, is not adhering to the Code of Conduct shall be given one written warning and/or guidance/mentoring. If, in the opinion of the Board, the member is still not adhering to the Code of Conduct, the Board can withdraw the member's membership in Bikeatoga. The Board shall notify the member of this action in writing. In addition, no member or individual shall use Bikeatoga for personal or financial gain.

**AGREEMENT TO FOLLOW DIRECTIONS**. When present in the Bikeatoga workshop, attending Bikeatoga events, or otherwise representing Bikeatoga, I agree to observe and obey all posted rules and warnings, and further, agree to follow any oral instructions or directions given by representatives or agents of Bikeatoga.

**ASSUMPTION OF THE RISKS AND RELEASE**. I recognize that there are certain inherent risks associated with: (1) the use of or presence in the Bikeatoga workshop, and (2) participation in cycling events, including rides and educational programs. I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Bikeatoga, its agents, representatives, and employees, for injury, loss or damage arising out of my or my family's use of or presence at the Bikeatoga workshop, or participation in Bikeatoga sponsored rides or other events, whether caused by the fault of myself, my family, or other third parties.

I have read the code of conduct, directions and risks and agree to abide by these at all times (This applies to all individuals on a family membership)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Admin Use only: Individual/Family (circle one) Please list all family members on back of form

Membership paid / volunteer hours completed / Scholarship (circle one)

Date completed: \_\_\_\_\_ Approved by (initial) \_\_\_\_\_