PRINCETON FREE WHEELERS, INC. PO BOX 1204, PRINCETON, NJ 08542-1204

(MEMBERSHIP YEAR = CALENDAR YEAR)

New Members joining in Oct thru Dec are members thru the following year.

MEMBERSHIP TYPE - Check one *Indicate number If Family membership **Each Adult needs to SIGN the application Individual - one year, \$25 [18 or Older] Family - one year, \$35 (First) (Last) (MI) **ADULT** (Last) (First) (MI) NAME[s]: MINORS: STREET: STATE: ZIP: CITY: PHONE: To register your e-mail address contact: karenb.pfw@gmail.com 09/21/17

** Family membership consists of one or two adults in the same household and minor children if any. All adult applicants must sign the release below. Individuals under 18 must join as part of a Family Membership and a parent/guardian must sign the release for them. Riders under 18 years of age must be accompanied by a responsible adult on a club ride.

Release: In consideration of being accepted as a Princeton Free Wheelers, Inc. (PFW) member, I, the undersigned, intending to be legally bound, do hereby for myself, my heirs, executors, admin- istrators or assigns, waive, release and forever discharge any and all claims I may have against the PFW, the officers, members, sponsors, and any other persons connected with any event, for any liability from personal injury, illness or death or property damage sustained by me resulting from my participation in any activities associated with the PFW organization, except if caused by gross negligence.

As a member of the PFW, I agree to the following conditions:

- 1. I am in good health and expect to ride at the pace of any ride in which I participate.
- 2. My bicycle equipment is in good working order, and has the proper safety equipment.
- 3. I will wear an ANSI-approved helmet while riding.
- 4. I will obey the motor vehicle and bicycle laws of the state(s) in which a ride occurs, and I will obey the following PFW ride practices during said rides:
 - Be alert
 Signal my intention
 Know my limits
 Will not ride ahead
 Call out hazards
 Will not use aerobars
 Will not ride too close
- 5. If injured or disabled on any ride, I will alert the ride leader.
- 6. I have read and understood all the above rules and ride practices.

Signature of Adult Applicant	Date
** Signature of Adult co-applicant [Family Membership]	Date
Signature of Parent/Guardian	Date