

Come Ride with the

CHICAGO AREA TANDEM SOCIETY

www.chicagotandems.com

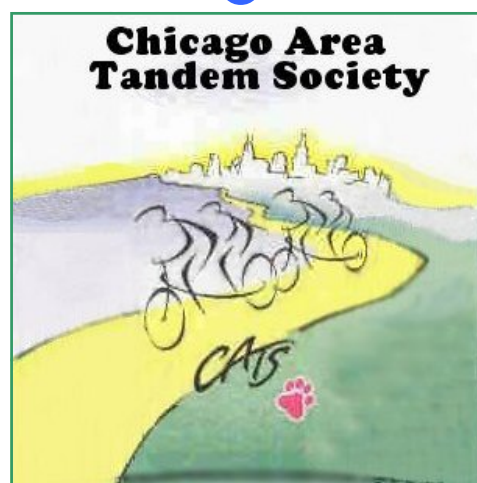
 Tandem Rallies

 Riders For Every Level and Style of Riding

 Annual Meeting

 Weekend Riders

 Week-long Ride



Please join The Chicago Area Tandem Society (CATS) As a member, you are entitled to receive further issues of the CATS TALES newsletter as well as to participate in CATS functions, events, rides and to enjoy the privilege of wearing a CATS jersey. \$12.00 for your primary household team - \$3.00 for any additional household teams. Make checks payable to: Chicago Area Tandem Society			Mail this form to: Chicago Area Tandem Society 302 E. Willow Road Barrington, IL 60010	
Name(s)	Last	First	Home Phone	
	Last	First	Work Phone	
Address		City	State	Zip
Waiver: In signing this release and waiver for myself and/or a named applicant under the age of 18, I understand that the Chicago Area Tandem Society, its officers and members, are not insurers of my personal safety. I understand that bicycling is potentially a dangerous activity and I might be severely injured or killed while riding a bicycle. I hereby accept the risk of serious bodily harm or death. For myself and/or said minor, my (and my minor's) heirs, executors and assignees, I hereby waive, release, forever discharge and agree to hold harmless the Chicago Area Tandem Society, its officers and members and any organizers, sponsors, and their representatives of any organizational events, singly and collectively, from any and all claims, liability, injury, damages, loss or harm from my (or my minor's) having sustained personal injuries or personal or economic damage by reason of their actions or inactions in further in organizational activities and during participation in organizational events or during travel to, and return from, such events. I waive any and all specific notice of the existence of the risks and hazards. I inspect my bicycle and keep it in reasonably good and safe conditions for the rides. I have an adequate and reasonable knowledge of what is prudent and safe bicycle riding and shall ride in that manner for my own protection and the protection of others. I am aware of and have knowledge of the applicable Bicycle Rules of the Road. I understand I should wear a helmet. The above agreements and representations are my express understanding of the risks and I assume these voluntarily and freely without coercion or duress. This agreement may not be modified orally and may not be Waived in any respect.				
Applicant's Signature:		Applicant's Signature:		
Printed Name:		Printed Name:		
<i>(Must be signed by both applicants)</i>		Email:		
The undersigned parent or guardian hereby consents to the applicant's participation and waives and releases all rights and claims for damage as is more fully set forth above. Parent or guardian please sign below if applicant is under 18.				
Signature Parent/Guardian:				