

TRIANGLE CYCLISTS

MEMBERSHIP APPLICATION

First Name: _____ Last Name: _____ Email: _____

Address: _____ Mobile #: _____

Emergency Contact (Relationship): _____ Phone #: _____

*Dues are \$25.00 per year. Pay online at www.trianglecyclists.com

Email completed application to trianglecyclists@gmail.com

(if paying by check or other means please contact us for more info using the email above)

RULES

- WEAR a helmet!
- STOP at all stop signs and red signals as required by law
- YIELD when the traffic light is yellow and stop if necessary
- STOP behind vehicles at traffic lights
- STAY OUT of the turning lane at the traffic light
- BE PREDICTABLE to vehicles and group; ride in a straight line
- BE ALERT and ready to stop at any time
- DO NOT overlap wheels
- DO NOT LITTER!
- DO NOT MAKE DANGEROUS MOVES
Such as contact or blocking. Specially during sprints
- STAY IN THE REAR OF GROUP if you are struggling to hang on
- SIGNAL with your intentions clearly with your hands
- BE EQUIPPED (spare tubes, pump, CO2, and lights for night riding)
- DO NOT spit/blow nose when someone is in the path behind you
- POINT OUT potholes and hazards
- INFORM new riders of these rules, and cycling etiquette
- BE RESPECTFUL to fellow riders.

REMEMBER when you wear the Triangle Cyclists kit you are representing the entire group!

RELEASE

I agree that cycling in organized group rides, and races with this club are potentially hazardous activities, which could cause injury or death. I will not participate in any club group training rides or team races unless I am medically able and properly trained, and by my signature, I certify that, to the best of my knowledge, I am medically able to perform all activities associated with the club and am in good health, and I am properly trained. I agree to abide by all rules established by the club, including the right of any official to deny or suspend my participation for reasonable cause. I attest that I have read the rules of the club agree to abide by them. I assume all risks associated with being a member of this club and participating in club activities which may include: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my membership, I, for myself and anyone entitled to act on my behalf, waive and release Triangle Cyclists, New York City, all club sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation with the club, even though that liability may arise out of ordinary negligence on the part of the persons named in this waiver, but not gross negligence or willful conduct. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record for any legitimate promotional purposes for the club.

Signature: _____ Date: _____

Electronic signature accepted

Parent Signature (if under 18-year old): _____ Date: _____
