

---- mail payment to: ---

Skylands Cycling P.O. Box 385

Circle one

Newton, NJ 07860 Individual \$25 Family \$35

Name:		
First	Last	Family Members
Address:		
Town	State	Zip
Phone: Cell:	Home:	
	ext	
E-mail:		
,	il address with other club member	
	hare No, only blind car	
	ands Cycling respects your privacy	
	formation you provide to us will no	ot be sold, exchanged, or
given to any Third-Partie	es.	
Emergency Contact:		·
name phone relationship)	
Date of birth:/_	/ (mm/dd/yyyy)	
Years Cycling: Ir	nterests: Road Mtn Tra ing: Racing: Lic#	ack Cyclocross
Recreational: Tour	ing: Racing: Lic#	
the law of New Jersey.	, , , , , , , , , , , , , , , , , , , ,	ofit organization with limited liability under
oignature.		_ Date
	2019 Waiver and release o	f liability
Skylands Cycling, its office arising from club activities. liability for any injury or da and estate, successors a understand that Skylands v	ers, directors, sponsors and members I also release USA Cycling, it's office image arising from club activities. The ind assignees, and to all claims, ir will apply or has applied for liability in bility claims by non members, and is	indition of my membership, hereby release is, from all liability for any injury or damage ers, directors, sponsors and members from his release and waiver applies to my heirs including those I may not know about. Insurance through USA Cycling, which will required to obtain this waiver from all club
Signature of club member	Date:	