

**MEMBERSHIP APPLICATION
HOUSTON AREA TANDEM SOCIETY**

c/o Jim & Ruth Fleshman
PO Box 1624
Bellaire, TX 77402
<http://www.tandem-hats.org>

Complete this form including **signed Release/Waiver** and mail it along with your dues (make check payable to "HATS").

Annual dues are \$10.00 per team.

Mail to: **HATS**, c/o Jim & Ruth Fleshman, P. O. Box 1624, Bellaire, TX 77402

Complete the following as you would like it to be shown in the roster. Note that correspondence and newsletters will be sent to all email addresses listed:

CAPTAIN _____

STOKER _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (H) () _____ **(W) ()** _____

PHONE (C) () _____ **(C) ()** _____

(EMAIL) _____

(EMAIL) _____

(EMAIL) _____

OUR TANDEMS (Year, Make, Model):

Circle one: YES NO HATS is authorized to release my name and address for the purpose of receiving tandem and/or other cycling information.

**** Waiver/Release on reverse side must be signed. *****

Release/Waiver of Legal Rights

In consideration for the opportunity to participate in events sponsored by the Houston Area Tandem Society (HATS), by signing below I hereby waive, release, and discharge any and all claims for death, personal injury, or property damage which I may have, or which may in the future accrue to me, as a result of my participation in events hosted by HATS or its members. This release is intended to discharge in advance HATS, its officers, its members, and other event participants from and against any and all liability arising out of or connected in any way with my participation in said event, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I further understand that serious accidents occasionally occur during bicycle riding and that participants in bicycle rides occasionally sustain mortal or serious injuries, and/or property damage, as a consequence thereof. Knowing the risks of bicycle riding, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above, who, through negligence or carelessness, might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver and release is to be binding on my heirs and assigns. I will wear an ANSI/SNELL approved helmet while on the bike.

ALL MUST SIGN

Captain's signature: _____

Date: _____

Stoker's signature: _____

Date: _____

Children under 18 who may ride with you (bike or trailer):

Name of child: _____

Name of child: _____

Name of child: _____

Name of child: _____

Signature of Parent or Guardian if under 18: _____

Date: _____