



# Membership Registration

# **TRAIL WASHINGTON**

*Trail Rights Association in Leavenworth, WA*

## MEMBER INFORMATION

NAME:

DATE:

ADDRESS:

PHONE:

EMAIL:

**\$20.00 membership dues\***

**T-Shirt Available at first meeting or club ride**

Mail Registration to: TRAIL Washington, PO Box 472, Leavenworth, WA 98826

cash

check                      chk# \_\_\_\_\_

Please make checks payable to: TRAIL Washington

**"Please read and sign below:** In submitting this application, I hereby make known that I will hold blameless in the case of accident, injury, or damage of any kind the Trails Washington Club, its officers, members and volunteers. I recognize that bicycling is potentially dangerous, and I represent that I am a competent cyclist with safe equipment. I understand that I participate in club activities at my own risk; I further recognize that safety is my personal responsibility and I agree to participate in keeping all Trail Washington Club rides safe. I agree to hold the club (ride, event) harmless and indemnify the club (ride, event) for all costs, judgments and awards that may be claimed including the cost to defend such claims brought by you or another in your behalf or that of others. Trail Washington members will abide by all state and local traffic laws.

Signature: \_\_\_\_\_