Please join the Twin Cities Tandem Club (TCTC)

As a member, you are entitled to receive issues of the Twin Cities Club Newsletter, as well as to participate in TCTC functions, events, rides, and to enjoy the privilege of wearing a TCTC Jersey. You are also covered during club activities by our LAB Medical and Liability insurance. Membership is $30.00 per team.

Make checks payable to: Twin Cities Tandem Club

Mail this form to:

Deb Liang & Matt Tillotson
1236 Hague Avenue
St. Paul, MN 55104

Date:

Name(s)	Last	First	Phone ❑ Home ❑Mobile
	Last	First	Phone ❑ Home ❑Mobile
Address		City	State / Zip
Email Address(s):			

Club Roster Opt Out Option: TCTC publishes a club roster once a year that is sent to current club members only. If you do NOT wish to have your contact information included in the this published roster, please check this box: ☐ Do not include our contact information in the published club roster.

Waiver: In signing this release and waiver for myself and or a named applicant under the age of 18, I understand that the Twin Cities Tandem Club, 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 Twin Cities Tandem Club, 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 will wear a helmet during all club-sponsored rides. 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

(Must be signed by both applicants)

The undersigned parent or guardian hereby consents to the applicant's participation and waives and releases all rights and claims for damages as is more fully set forth above. Parent or guardian please sign below if applicant is under 18.

Signature Parent/Guardian: