

Membership Form



Purpose:

- We are an organization dedicated to promoting the benefits of bicycling in the Oroville area.
- We are involved in bicycling advocacy at all levels in the community.
- Last but not least we are an organized group that gets together to ride.

Membership Fees: \$10 per calendar year for an individual or family. Please make checks payable to: Lake Oroville Bicyclists Organization.

Mail payment & membership form to: Lake Oroville Bicyclists Organization, P.O. Box 619, Oroville, CA 95965.

- Please provide your name, address and E-mail so that we can keep you informed and let you know about our planned events and rides.
- LOBO is currently holding meetings on the second Wednesday of every other month, location TBA.
- We are currently using e-mail for all correspondence.
- Questions? Feel free to call Stephen Scheer VP/Secretary @ 533-2713.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Member/Participant Release of Liability

I hereby make known that in the case of accident, injury, or damage of any kind, I will hold blameless the Lake Oroville Bicyclist Organization (LOBO), its officers, members and volunteers. I recognize that bicycling is potentially dangerous, and I am responsible for judging my own skill level and the safety of my equipment. I understand that I participate in club activities at my own risk. I further recognize that safety is my personal responsibility. I agree to hold LOBO harmless and indemnify the LOBO for all costs, judgments and awards that may be claimed, including the cost to defend such claims.

Signature: _____

If you are under 18 years of age, your parent or guardian must sign waiver below.

Parent Guardian Waiver for Minors (Under 18 years old)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parent or legal guardian.

Print Name: _____ Age: _____

Signature: _____ Date: _____

Family Membership

Print Name: _____ Age: _____

Print Name: _____ Age: _____

Print Name: _____ Age: _____

Print Name: _____ Age: _____

Print Name: _____ Age: _____