



Rollin' Chili Peppers Adaptive Cycling Club (RCPACC) Membership Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Last 4 SSN: _____

Type of Adaptive Cycle (Check one) Trike Hand Cycle

Rules

1. Club member agrees to follow all laws pertaining to Bicycling in accordance with the city and state in which they are riding.
2. When in group rides riders will not leave another club member behind and will render aid if necessary
3. Club members will at all times remain courteous to other riders (weather that rider be a Club member or not)
4. Abusive language toward other riders will not be tolerated.
5. Club member will strive to maintain a positive sportsman like conduct and attitude when riding as a representative of "Rollin' Chili Peppers Adaptive Cycling Club
6. Membership is for Veterans (Full Members) and their families (Associate Members) Only

By Signing Below I agree to the rules and regulations set forth by Rollin' Chili Peppers Adaptive Cycling Team. I understand that neither the Veterans Administration nor Rollin' Chili Peppers Adaptive Cycling Team is liable for any injuries as a result of any ride in which I participate.

X

Member Signature

X

Date

Chose One

Annual Membership of \$25.00 Paid? Yes No (will pay at later Date) (Enter Date) ____________

Make Checks or Money Orders Payable to Troy Shelby (this is just until we can get a bank account for the group)

Release Form for Media Recording

Rollin' Chili Peppers Adaptive Cycling Club (RCPACC)

I, the undersigned, do hereby consent and agree that Scorpion3D Productions, its employees, or agents have the right to take photographs, videotape, or digital recordings of me on behalf of RCPACC and to use these in any and all media, now or hereafter known, and exclusively for the purpose of Promoting Rollin' Chili Peppers Adaptive Cycling Club. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Scorpion3D Productions, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Scorpion3D Productions is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name

Address

Phone

Signature

Date



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