



## SAN TAN RACING MEMBERSHIP APPLICATION

### MEMBER INFORMATION

Name:	Date of Birth:	Phone:
Email:		
Address:		
City:	State:	ZIP Code:

### IN CASE OF ACCIDENT OR INJURY PLEASE LIST A CONTACT

Name:	Phone:	Relationship:
Name (2 <sup>nd</sup> Contact):	Phone:	Relationship:

### CYCLING / RACING EXPERIENCE

Current USCF License: Exp:	Racing Category:
Current NORBA License: Exp:	Racing Category:

### ACKNOWLEDGEMENT

By signing this document I am requesting membership into [San Tan Racing](http://www.santandracing.com). I have read the team charter and agree to abide by the core values, and bylaws detailed therein. I acknowledge that membership into San Tan Racing requires a reasonable amount of participation in team rides, activities, and meetings. I agree to purchase, at a minimum, one team jersey. I agree to pay team dues as specified within the charter. I, to the best of my knowledge, do not have a health related issue that may be complicated by the physical demands of cycling. I acknowledge that, whether training or racing, whether riding solo or within a group, cycling is an inherently dangerous sport and fully realize the dangers therein. **I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM PERSONALLY ASSUMING ALL RISKS INHERENT TO CYCLING, AND WILL NOT SUE, AND RELEASE FROM ALL LIABILITY SAN TAN RACING AND IT'S SPONSORS.**

Signature of applicant:	Date:
<i>If applicant is under 18 years of Age</i> Signature of Parent or Guardian:	Date: