

Southern Arizona Mountain Bike Association Membership Application

Type of Membership: Individual OR Family (2 adults - same address)
 New Member OR Renewing Member

Name _____ Birthdate _____

Name _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

Email Address _____ (ride schedules are sent by email only)

Please note: The membership year runs from January 1 through December 31.

Membership Dues	Individual	Family
Full Year	\$15.00	\$20.00
If you join from July 1 - December 31 you may subtract \$5.00 (all renewals due Jan. 1)	- \$ _____	- \$ _____
If you are current IMBA member you may subtract \$5.00.	- \$ _____	- \$ _____
If you would like to make a donation to SAMBA, please indicate here.	+ \$ _____	+ \$ _____
TOTAL DUE:	\$ _____	\$ _____

Make check payable to SAMBA and mail to:
2720 E. 3rd st., Tucson, AZ 85716

WAIVER, RELEASE, AND ASSUMPTION OF RISKS

I/we hereby waive, release and discharge the Southern Arizona Mountain Bike Association (SAMBA) and its officers, ride leaders, volunteers, employees, organizers, sponsors, members, and ride participants from any and all claims for personal injury, property damage, or death resulting from my/our participation in any SAMBA event. I/we acknowledge that mountain biking is a high-risk sport. I/we realize there are certain dangers inherent in the sport of mountain biking, and I/we assume these risks with the full understanding that serious injuries and even death may result from my/our participation in any SAMBA event. I intend this release to discharge the above-named from any and all liability arising from or connected in any way with my/our participation in any event, even though that liability may result from the negligence or carelessness of the above named. I/we certify that my/our bicycle is suitable for safe use in all events, that I/we are in good physical condition, and that I/we are able to complete the event. I/we agree to wear a bicycle helmet properly adjusted and fastened and approved by SNELL or ANSI. I/we agree to obey all traffic laws and other laws at all times during all events. I/we have read this waiver and release and fully understand its terms and agree that it shall be binding on my/our heirs and assigns. I/we consent to emergency care at my own expense if injured or ill. Furthermore, I/we are willing to abide to the Bylaws and Code of Ethics of SAMBA.

Signature Date

Signature Date