

# Peninsula Pedallers Membership Application Form and Waiver

I / We apply to join Peninsula Pedallers Inc.

I/We understand that participating in the activities of Peninsula Pedallers carries with it the inherent risk of physical injury, including serious injury such as permanent disability, paralysis and even death.

In consideration of being allowed to participate in the activities of the club, which includes participating in club rides, I / We, ..... hereby agree to release and hold harmless Peninsula Pedallers in the event of my injury.

**I / We have read and fully understand this waiver and agree to release Peninsula Pedallers from liability for any injury or other losses I incur, including the club's acts of negligence to the fullest extent permitted by law. I am / We are over 17 years of age.**

Signed: ..... Name: .....

Signed: ..... Name: .....

Address .....

E-Mail.....

Phone (Home) (Business) (Mob.)

### Subscriptions:-

Single (\$40)

Family (\$60 for 2 Adults, an extra \$20 for each additional Adult)

### PAYMENT BY DIRECT DEPOSIT TO WESTPAC BANK

**BSB 033-272 ACCOUNT 15-7301**

Completed Membership Application Forms should be sent to:

**The Membership Secretary**

**Peninsula Pedallers**

**1/41 Gipps Crescent**

**Cranbourne 3977**

If you have any queries please contact Membership Secretary on 0477 610 079

**Peninsula Pedallers Inc**

**Reg.NoA00203388T**

### PAYMENT METHOD (PLEASE TICK)

CASH.....

CHEQUE.....

DIRECT DEBIT.....