



c/o Samaritan Lebanon Community Hospital
P.O. Box 739
Lebanon, OR 97355
SantiamSpokes.org

New Member Renewal Individual \$20.00 Family \$30.00

Member Name(s):
(Please print)

Cell phone:

Email:

- | | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

New members will receive membership materials, Outspoken, our club newsletter, via email, and will be added to the club Google group. Come to the next meeting and take part in the rides. Get involved in the club activities. The club is what you make it.

RELEASE WAIVER

(Must be signed by all members, a parent or guardian must sign for minors)

I/we waive any and all claims against the Santiam Spokes, Inc. and its sponsor Samaritan Lebanon Community Hospital and any other group associated with them in their programs. I/we agree not to hold them responsible for any accidents or injuries that I/we may experience as a participant in any of their activities. Further I/we agree not to hold them responsible for damage to any property or equipment while participating in any of their activities. I/we agree to release them from any and all liability of any kind or nature, and by so doing I/we am/are allowed to participate in Santiam Spokes, Inc. activities and programs.

I/we agree to wear an A.N.S.I. or Snell approved helmet while participating in any and all Santiam Spokes, Inc. rides.

I/we agree to practice safe and courteous riding procedures and techniques and will obey all traffic regulations while participating in any and all Santiam Spokes, Inc. rides.

Member Signatures Dated: _____

- | | | | |
|----|-------|----|-------|
| 1. | _____ | 3. | _____ |
| 2. | _____ | 4. | _____ |