



SCOR CCC MEMBERSHIP APPLICATION

(Please PRINT and mail to the address below)

Name _____

Date of Birth _____

Address _____

Age _____

City _____

Zip Code _____

Occupation _____

Cell Phone () _____

E-mail _____

FAX _____

In consideration of the SCOR Cardiac Cyclists Club, Inc. permission to participate in Saturday & Wednesday club rides as well as special club events (Solvang or Solana Beach Centuries), I hereby waive and release any and all rights and claims for damages which I may have against SCOR Cardiac Cyclists Club, Inc, the locations of where the events take place as well as any other person or company connected with these events, their heirs, executors, assigns, successors or administrators for any and all injuries which I may suffer for taking part in these rides or as a result of these. I attest I am physically fit enough to participate in these rides. Further, any and all pictures, video or other media release can be used by the club as it sees fit. I agree to wear an approved helmet on all club rides. Person under age 18 must have this waiver signed by their parent

Signature

Date

Parent or Guardian

Date

Single Membership \$15.00

Family Membership \$25.00

(Includes Tailwinds Newsletter)

Dues run from Jan 1 to Dec. 31

Mail completed form with a check to:
SCOR Cardiac Cyclist Club
41715 Winchester Road
Suite 205
Temecula, Calif. 92590