



www.KSSingletrack.com

**Kansas Singletrack Society
Membership Application**

Name: _____ [] Adult [] Minor (under 18)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell or Work Phone: (____) _____

Current Email Address: _____

List Family Members (for Family Memberships): _____

How did you learn about KSS? _____

FEES: [] Individual - \$20.00 per year [] Family - \$25.00 per year [] New [] Renewal

With your current membership, you can receive a club email address.

If you would like to receive a club email account, please indicate what you would like your address to be:

_____@kssingletrack.com

Membership spans:	April 1 - March 31
Make checks payable to:	Kansas Singletrack Society
Mail this application with your check to:	Kansas Singletrack Society
	c/o Lonnie Cooper
	P.O. Box 728
	Wellington, KS 67152

WAIVER OF CLAIM:

In consideration of membership in the Kansas Singletrack Society (hereinafter referred to as KSS), I, for myself and my minor child/children, heirs, executors, administrators and assigns, hereby agree to forever release and discharge any and all injuries, including death and any property damage in any manner arising or resulting from my participation or my child/children's participation in any activity conducted by or in conjunction with KSS.

I attest and verify that I have full knowledge of the risks involved in mountain bike riding and in all KSS activities, that I assume those risks, that I will, without limitation, assume and pay any and all medical and emergency expenses incurred on or by child/children's behalf in the event of an accident, injury illness, or other incapacity while participating in any KSS activity, regardless of whether I have authorized such expenses. I further agree that in the event I require medical or surgical treatment while under the supervision of KSS or any of its representatives, such KSS representative may authorize medical treatment for myself.

I have read and agree with all terms of this waiver.
(Applicants under the age of 18 require the signature of a parent or legal guardian.)

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____