

**Twin Cities Unicycle Club
of Minnesota, Inc.
Membership Application**



Twin Cities Unicycle Club
PO Box 21487
Minneapolis, MN 55421

(763) 788-9137

Today's date: _____

With your membership fees, \$15 goes to becoming a member of the Unicycle Society of America (along with any additional family member fees). The remaining money stays in TCUC to buy and repair club unicycles, pay for club newsletters, insurance, skill level patches, and other expenses.

Fees: Single person - \$40/year Family membership - \$50/year Is this a Renewal: _____ or New Membership: _____
(A family membership is two or more people from one family who are interested in TCUC membership)

Name: _____ Birthdate: _____

Address: _____ e-mail: _____

Phone: _____

Additional Family Members: (If you are signing up as a family, any and all members of your family are eligible for membership. If you are joining TCUC as a family, please sign up any family members who may be interested in unicycling in the future.)

Name	Birthdate	Sign up as a member?
_____	_____	Y N
_____	_____	Y N
_____	_____	Y N
_____	_____	Y N

Parents name(s) [if participant(s) are children]:

Name	Birthdate	Sign up as a member?
_____	_____	Y N
_____	_____	Y N

The above named members, including all family members whether named as club members or not, are hereafter referred to as the participant(s).

I understand, that like all sports, there is some risk of injury associated with unicycling. The participant(s) will experience bruises and abrasions and may experience more severe injury. The participant may hurt him/herself or be hurt by someone else. I am willing to assume these risks without recourse on other participants or supporting parents.

I understand that I, and not the other participants, supporting parents, or officers, am responsible for the safety of the participant(s) and will take full responsibility for deciding which activities are permissible. I will provide appropriate supervision and direction as needed to insure the safety of the participant(s).

I understand that if an injury or illness occurs, other club members, supporting parents, or officers must use their own personal judgment in response to the participant's condition. I give permission to them to transport the participant or to summon emergency medical assistance, and I assume full responsibility for such.

I agree to absolve all of the officers, members, and supporting parents of all blame for any injury, misadventure, loss, damages, or professional fees of inconveniences suffered as a result of participating in the Twin Cities Unicycle Club of Minnesota, Inc. or any activity associated with it.

I do hereby covenant and agree for myself, my heirs, executors, administrators and assigns, not to sue, arrest, or prosecute said Twin Cities Unicycle Club of Minnesota, Inc., other host clubs or associations, or sponsors, their officers, members or supporting parents for fees or inconvenience even if such injury, misadventure, loss, damages, fees or inconvenience arises from negligence implied or otherwise.

I agree to allow photos or video tapes of the participant(s) to be used for club or Unicycling Society of America newsletters or other promotional or instructional materials.

Signed: _____ Date: _____