Twin Cities Unicycle Club of Minnesota, Inc. Membership Application

With single membership fees \$20 or Family membership \$35 goes to becoming a member of the Unicycle Society of America. The remaining money stays in TCUC to buy and repair club unicycles, purchase skill level patches, and other expenses.



Twin Cities Unicycle Club PO Box 21487 Minneapolis, MN 55421

info@TCUC.org www.TCUC.org

| Today's date: | |
|---------------|--|
| | |

| Fees: Single person - \$40/year Family members (A family membership is two or more people from one family who Type of membership - Renewal: or New: | | hip) | |
|--|---|--|--|
| Name: | Bir | Birthdate: | |
| Address: | | | |
| City: | State: | Zip Code: | |
| E-mail: | Phone: | | |
| Additional Family Members: (If you are signing up as a family, any family, please sign up any family members who may be interested in unicyclic | | gible for membership. If you are joining TCUC as a | |
| 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 a I understand, that like all sports, there is some risk of injury associ experience more severe injury. The participant may hurt him/herself or be hur participants or supporting parents. I understand that I, and not the other participants, supporting parer responsibility for deciding which activities are permissible. I will provide app I understand that if an injury or illness occurs, other club members participant's condition. I give permission to them to transport the participant of I agree to absolve all of the officers, members, and supporting participation in the Twin Cities Unicyclic I do hereby covenant and agree for myself, my heirs, executors, ad Minnesota, Inc., other host clubs or associations, or sponsors, their officers, moss, damages, fees or inconvenience arises from negligence implied or others. I agree to allow photos or video tapes of the participant(s) to be us instructional materials. | ated with unicycling. The participant(s) t by someone else. I am willing to assuments, or officers, am responsible for the sample of the supervision and direction as newer to supporting parents, or officers must use to to summon emergency medical assistation of all blame for any injury, misadvelle Club of Minnesota, Inc. or any activity diministrators and assigns, not to sue, are nembers or supporting parents for fees or wise. ed for club or Unicycling Society of Am | will experience bruises and abrasions and may be these risks without recourse on other after the participant(s) and will take full eded to insure the safety of the participant(s). The their own personal judgment in response to the nee, and I assume full responsibility for such the neture, loss, damages, or professional fees of y associated with it. The prosecute said Twin Cities Unicycle Club of the inconvenience even if such injury, misadventure, | |
| Signed: | Date: | | |