



Houston Area Tandem Society

**MEMBERSHIP APPLICATION  
HOUSTON AREA TANDEM SOCIETY  
c/o Mike & Susan Mahoney  
719 Bison Drive, Houston, TX 77079  
http://home.houston.rr.com/hats**

Complete this form including signed **Release/Waiver** and mail it along with your dues (make check payable to "HATS"). Dues are as follows: **(circle one)**

- **\$10.00 per team - if you require paper newsletters by mail** (Please note that you will not receive ride reminders and other updated information that are distributed by email if you choose this option)
- **\$5.00 per team - if you wish to receive newsletters and updates by electronic mail** (Correspondence will be sent to all email addresses listed below)

**Send to: HATS, c/o Mike & Susan Mahoney, 719 Bison Drive, Houston, TX 77079**

**Complete the following as you would like it to be shown in the roster:**

**CAPTAIN** \_\_\_\_\_ **STOKER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**PHONE (H) ( )** \_\_\_\_\_ **(W) ( )** \_\_\_\_\_

**(EMAIL)** \_\_\_\_\_ **(EMAIL)** \_\_\_\_\_

**Circle one: YES NO** HATS is authorized to release my name and address for the purpose of receiving tandem and/or other cycling information.

**Release/Waiver of Legal Rights**

In consideration for the opportunity to participate in events sponsored by the Houston Area Tandem Society (HATS), by signing below I hereby waive, release, and discharge any and all claims for death, personal injury, or property damage which I may have, or which may in the future accrue to me, as a result of my participation in HATS events. This release is intended to discharge in advance HATS, its officers, its members, and other event participants from and against any and all liability arising out of or connected in any way with my participation in said event, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I further understand that serious accidents occasionally occur during bicycle riding and that participants in bicycle rides occasionally sustain mortal or serious injuries, and/or property damage, as a consequence thereof. Knowing the risks of bicycle riding, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above, who, through negligence or carelessness, might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver and release is to be binding on my heirs and assigns. I will wear an ANSI/SNELL approved helmet while on the bike.

**ALL MUST SIGN**

Captain's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stoker's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Children under 18 who may ride with you (bike or trailer):

Name of child: \_\_\_\_\_

Name of child: \_\_\_\_\_

Name of child: \_\_\_\_\_

Name of child: \_\_\_\_\_

Signature of Parent or Guardian if under 18: \_\_\_\_\_ Date: \_\_\_\_\_