

Summit Biking Annual Membership

Name(s) _____

Address _____

**Local
Address** _____
(if different)

Local Phone (or cell) _____

Email _____

**Emergency Contact
Name** _____

Phone _____

Waiver _____ **Initial here** to acknowledge that you (or both of you in the case of a couples membership) have read, understand and accept the Summit Biking Ride Liability Waiver. It is available on our website at www.summitbiking.org/waiver.pdf

Please include a \$10 check for an individual or \$20 for a couple's membership made out to Summit Biking Inc. and bring to any ride or mail to:

Summit Biking Inc
P.O. Box 968
Frisco, Colorado 80443