



CENTRAL ILLINOIS MOUNTAIN BIKE ASSOCIATION MEMBERSHIP FORM

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____ PHONE: _____

Your membership fee will go directly to the maintaining of existing trails in Central Illinois, as well as helping fund CIMBA's goal of increased trail access in our area.

I am enclosing the **\$10 single annual membership fee**___ or **\$5 student fee**___
In addition, I would like a **CIMBA T-shirt for \$10** in size S ___ M ___ L ___ XL ___ XXL ___

(Make checks payable to "Central Illinois Mountain Bike"). Mail correspondence to:

**CIMBA
212 Elim Springs Park
Sullivan, IL 61951**

I wish to be contacted regarding group rides, workdays, receive newsletters? Yes ___ No ___

ACCIDENT WAIVER AND RELEASE OF LIABILITY (MUST READ BEFORE SIGNING)

I (and my parent or guardian in the case of a person under 18 years of age) hereby release the Central Illinois Mountain Bike Association (CIMBA) and any other party or parties involved in any CIMBA activity of any liability for any loss or damage to property or person sustained or incurred at any CIMBA sponsored event. Members assume all risks while participating in any CIMBA sponsored event.

Member Signature: _____ Date: _____

Parent Signature (If member is under 18 years of age): _____