

**WATERLOO COUNTY WANDERERS - 2019 APPLICATION**

Name: \_\_\_\_\_  
 ( Surname ) ( Usual First Name )

Address: \_\_\_\_\_  
 ( Street & Apt. # ) ( City )

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_

Membership Fee of \$40 for the ride season is attached (cash/chq) \_\_\_\_\_

**Cheques must be made out to: Joan Sketchley & Hans Pottkamper**

I understand and accept that the Waterloo County Wanderers are a volunteer run group that encourages cycling for recreational purposes. I understand that there are no support vehicles and that I am responsible for riding safely in accordance with the Highway Traffic Act, wearing a properly fitting helmet and using a properly equipped bicycle. I am responsible for ensuring I carry sufficient water for each ride and basic repair equipment to enable tire patching if required.

I agree that if my actions, improper helmet use or behaviour do not meet these requirements I will change to meet club and Traffic Act requirements or cease riding with the club immediately when notified by one of the organizers.

- I agree to let WCW share my email address with other club members. I understand that once shared, WCW has no control over subsequent distribution of email addresses. (Leave box **unchecked** if you do not wish to share your email address).*

I acknowledge that I have read and signed the WCW Waiver attached.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_  
yyyy mm dd

***Drop off or mail the Application and Waiver forms with the Fee to:***

**Lorna Boratto  
 148 Sandford Fleming Drive  
 Waterloo, ON  
 N2T 1E8**

**For club use:**

Application Received on \_\_\_\_\_ Waiver Attached \_\_\_\_\_  
 Membership Fee Included \_\_\_\_\_ Membership Card Issued \_\_\_\_\_