2026

Kenosha Racine Bike Club Membership Application and Renewal

www.krbikeclub.com/
krbikeclub@gmail.com

Membership (circle): [] New [] Renewal

Name(s), include riders in family:

_____

_____

Address: _____

City/State: _____ Zip Code: _____

Telephone: _____ E-mail:_____

Ride preferences (circle): Months - J F M A M J J A S O N D

Day - Su M Tu W Th F Sa

Distance - 10 20 30 40 50 50+

Start Time: 8 am 10 am 1 pm 4 pm 6 pm

Annual club dues are $25 per individual or $35 family. The membership year runs from November 1st to October 31st. Make the check payable to the Kenosha Racine Bicycle Club and mail it and the application to: **KR Bike Club, P.O. Box 85602, Racine, WI 53408.** A membership card will be sent to you.

Ride Waiver: I know bicycling is a potentially hazardous activity. Injuries while bicycling can result from collisions with vehicles, animals, or other riders, or attempts to avoid such collisions; from poor road conditions (potholes, uneven and cracked pavement, loose gravel, leaves, and debris); from effects of weather; from overexertion and/or inadequate training; and from mechanical failure of bicycles. Knowing these risks, and in consideration of my participation in club rides, I hereby waive and release Kenosha Racine Bike Club, its agents and representatives, and all persons or entities providing services or goods in connection with rides, from all claims, liabilities, or damages of any kind arising out of my participation in rides. I understand that this waiver is legally binding upon me, my heirs, executors, and any person entitled to act on my behalf.

Signature: _____ __/___/___
Today's Date

_____ ___/___/___
Today's Date

_____ ___/___/___
Today's Date

_____ ___/___/___
Today's Date

_____ ___/___/___
Parent's Signature: (If any rider under 18 years of age): Today's Date

A New Form Is Required Annually