



Membership Application

Name _____ Email _____

Address _____ Phone (h) _____

City, State, Zip _____ Phone (c) _____

I'd like to volunteer: Y N If Yes, please note areas of interest

Basic Membership	\$ 25
Student – Must be a full-time K-12, college, university or trade school or equivalent student	\$ 15
Supporter Member – Join at this level and receive a CORBA T-shirt. Size _____	\$ 50
Carbon Fiber Member – Receive a CORBA T-shirt and Bike Bell. Size _____	\$ 75
Titanium Member – Receive a T-shirt, bike bell and riding socks. Size: T _____ Sock _____	\$ 100
Family Membership – Two adults + Kids under 18 free. \$40 Basic, \$100 Supporter, \$150 Carbon, \$200 Titanium. (Write in names, DOB in space below.)	\$ _____
Additional Items	
Yes, I'd like to do more to keep trails open and support CORBA programs with an additional donation of	\$ _____
I'd like a CORBA Bike Bell (ring it for good trail karma) (\$6). Quantity _____	\$ _____
I'd like a pair of CORBA Riding Socks (\$7.50). Size & Quantity _____	\$ _____
I'd like a CORBA T-shirt (\$15). Size & Quantity _____	\$ _____
Please make checks payable to CORBA and mail to:	TOTAL: \$ _____

CORBA, PO Box 57576, Sherman Oaks, CA 91413

FOR PARTICIPATION IN CORBA ACTIVITIES RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY "AGREEMENT"

Please read and sign below: In signing below, I hereby for myself, my executors, administrators, heirs, next of kin, successors, and assigns waive, release and discharge the Concerned Off-Road Bicyclists Association (CORBA), South Bay Mountain Bicycle Club and their officers, directors, agents, sponsors, affiliates, members and volunteers (collectively referred to herein after as "Club") from any and all liability for my death, disability, personal injury, property damage, property theft including all actions and/or damages of any kind which may hereafter accrue in connection with my membership and/or participation in any Club events or activities. I recognize that bicycling, trail work and other Club events and activities are dangerous, and I represent that I am a competent cyclist and/or participant competent to participate in all Club activities and events. I understand that I participate in Club activities at my own risk. I further recognize that safety is my personal responsibility and I agree to participate in keeping all Club rides, events and activities safe. I agree to hold the Club harmless and indemnify the Club for all costs, judgments and awards as a result of my membership and/or participation in Club events and/or activities. By applying for membership and/or participating in Club activities it is my intention to Release Club from liability to the greatest extent allowable by law.

Participant signature: _____ Date: _____

CORBA is a tax exempt "501(c)(3)" non-profit organization. Your donation to CORBA is tax deductible. Tax ID # 95-4124454.

RIDE • INFORM • PRESERVE
www.corbamt.com 818-906-4682 (818-906-4MTB)
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