

**Purified Pedalers**  
Membership Application

**General information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # : \_\_\_\_\_ Home or Cell

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

**Contact in case of emergency:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Home or Cell

**Liability Waiver:**

I \_\_\_\_\_, do hereby release New Life Covenant Ministries and Purified Pedalers from all liability, should any accident or injury occur during all activities sanctioned by New Life Covenant Ministries and Purified Pedalers. The below signed member assumes all responsibility during all activities. The signature below certifies that above member has signed a liability waiver and shows membership with Purified Pedalers.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date