

Join SOMBA!

Print this form out and mail it.



The Southern Oregon Mountain Bike Association (SOMBA) is a club devoted to the promotion of the sport of mountain bicycling, and views the sport as a vehicle to promote low impact outdoor recreation, conservation and mountain bicycling opportunities that are environmentally and socially responsible:

- by providing enjoyable mountain bicycling experiences and social events for the mountain bicycling community, and at the same time using these events as an opportunity to educate and encourage.
- by promoting responsible riding and ethical behavior among the mountain bicycling community.
- by working in concert with land managers and owners to improve trails and facilities;
- by working with other user groups to ensure a quality trail experience for all users, and
- by efforts to increase the diversity of the mountain bicycling community.

Why Join SOMBA?

- Organized group rides - both slow and fast
- Trail building seminars and work parties
- Development of new trails
- Better signage to help navigate the trails
- Our trails are threatened - make your voice heard!
- Membership is FREE with a signed application!

NAME _____ BIRTHDATE _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

HOME PHONE _____ WORK PHONE _____

E-MAIL _____

Other Family Names (if family membership) _____

TYPE OF ANNUAL MEMBERSHIP

New Renewal

ARE YOU CURRENTLY A MEMBER OF IMBA?

Yes No, but I plan to join soon.

Please read and sign the following waiver:

In consideration of my membership in the Southern Oregon Mountain Bike Association (SOMBA), I hereby waive, release, and discharge any and all claims for damages, death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the organization. This release is intended to discharge in advance the Southern Oregon Mountain Bike Association (SOMBA) organization or officers, the International Mountain Bicycling Association (IMBA), and any involved municipalities or other public agencies, from and against any and all liabilities arising out of or connected in any way with my participation in the organization. By signing this release, I hereby agree to the terms of this release.

Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____

(if participant is under 18)

* Mail to SOMBA, PO Box 1196, Talent, OR 97540. For additional information e-mail info@somba.org.