

**SC VELO Cycling
2020 Membership Application**

Please Print your information clearly!

Name: _____

USA Cycling License # _____

Please mark the Categories you will be participating in. Use Numbers unless you are a recreational rider.

Road _____ Mountain _____ Track _____ Cyclo-cross _____

Mechanic _____ Coach _____ Recreational (Road) _____ (Mtb) _____

Racing Age for 2020: _____ Date of Birth _____

Team Captain: _____

E-Mail _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Occupation _____

In accepting membership with the Southern California Velo Cycling Club I do hereby agree to abide by the racing rules, constitution and bylaws and policies of SC Velo, USA Cycling, the United States Cycling Federation (USCF), and other affiliated cycling organizations. I agree to represent SC Velo and its sponsors in a respectful and professional manner at all times.

In consideration of acceptance of membership into SC Velo, I hereby waive, release and discharge any and all claims for damage, death, personal injury or property damage which I may have, or may hereafter accrue to me, as a result of participation of club membership. This release is intended to discharge in advance, the promoters, the sponsors, USA cycling, USCF, the promoting clubs, the officials and any involved municipalities or any other public entities (and their respective agents and employees), from and against any and all liability arising out or connected in any way with my participation in said club membership, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during bicycle riding and bicycle racing; and that participants in the sport of bicycling occasionally sustain mortal or serious personal injury and/or property damages as a consequence thereof. Knowing these risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless all the persons and entities mentioned in the paragraphs above who, through carelessness or negligence, might otherwise be liable to me or my heirs or assigns for damages.

Signature: _____ Date: _____

Parent or Guardian _____ Date: _____
(If Under 18)

Mail completed application with a \$60.00 check to:
(\$30.00 for Juniors, \$150.00 for Family)

**SC Velo Cycling Club
618 East Whitcomb Ave
Glendora, CA 91741**

Admin Use Only
Date _____
Paid by Check# _____
Cash _____
Initials _____