

Grace Bicycles Velo Club

2014 Membership Application

1. Personal Information

Name: _____

Male/Female (circle) / Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

2. Racing Team members only

USAC License No. : _____ Expiration Date: _____

USAC Category: _____ USAC Club on license: _____

Note: If you plan to race for GBVC, please make sure you indicate Grace Bicycles Velo Club as your team when renewing your USA Cycling license.

3. Membership

WAIVER AND RELEASE OF LIABILITY -- READ BEFORE SIGNING

I am aware that bicycle riding and racing can be a hazardous sport. I acknowledge the risk inherent in riding and racing, and hereby absolve the Grace Bicycles Velo Club, its members, officials, sponsors, and the municipalities and their officials in which the club's events occur, of any and all injuries, illnesses, damages, or other loss which may result from activities conducted and/or promoted by the Grace Bicycles Velo Club. I also certify that I have adequate medical insurance to cover my injuries and will not hold the Grace Bicycles Velo Club responsible for deductibles or any other expenses not covered by insurance.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date Signed: _____

PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in **Grace Bicycles Velo Club** EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE (print name)

Annual Membership is \$25. Membership is based on the calendar year and ends on 12/31/14.

Make checks payable to: Grace Bicycles Velo Club

Send to: Grace Bicycles Velo Club

c/o Scott Sherman

153 Brookway Dr

Northbridge, MA 01534