



2026 MEMBERSHIP APPLICATION

Joining Cyclo-Vets is as easy as 1 – 2 – 3

RECREATIONAL MASTERS BICYCLE CLUB SINCE 1984

1 - Cyclist Information

NAME	GENDER	DATE OF BIRTH	RACE CATEGORY
ADDRESS	CITY	STATE	ZIP + 4
() PHONE	E-MAIL ADDRESS	OCCUPATION	

SPECIAL CYCLING INTEREST & NOTES (i.e., Coaching, Officiating)

Interested in Corporate Sponsorship of Cyclo-Vets? _____

2 - Fees

Annual Fee, Individual – Valid thru 12/31/2026 \$55 \$ _____

Annual Fee for each Additional Family Member _____ x \$25 \$ _____
For spouse, child, grandchild, parent, grandparent

*** A separate signed Application & Waiver is required for each family member ***

Donation to Cyclo-Vets

TOTAL **\$**

Make checks payable to San Diego Cyclo-Vets and mail to:

**San Diego Cyclo-Vets
5694 Mission Center Road, Suite 602-168
San Diego, CA 92108-4355**

For more information, visit our website <http://cyclo-vets.com/membership> or contact
Membership Director cyclovets50@gmail.com

3- Sign Release ► Release on the reverse side must be signed for the application to be processed.

◀ Reverse Side ~ Sign Release ▶

SAN DIEGO CYCLO-VETS BICYCLE CLUB INC.

Release

THIS RELEASE FORM IS A CONTRACT WITH LEGAL CONSEQUENCES AND APPLIES TO ALL SAN DIEGO CYCLO-VETS BICYCLE CLUB INC. RIDERS. IT IS NOT LIMITED TO RACING AND TRAINING EVENTS. READ IT CAREFULLY BEFORE SIGNING.

In the consideration of the acceptance of my application for membership in San Diego Cyclo-Vets Bicycle Club Inc. (herein referred to as Cyclo-Vets) I hereby freely agree to and make the following contractual representation and agreements.

I fully realize the dangers of participating in this sport of bicycle riding and racing and fully assume the risks associated with such participation including, by way of example, and not limited to the following dangers of collision with pedestrians, vehicles, other riders or racers and fixed or moving objects, dangers arising from surface hazards, equipment failure, inadequate safety equipment and weather conditions and possibility of serious physical and/or mental trauma or injury including death, associated with athletic cycling competition.

I hereby waive, release and discharge for myself, my heirs, executors, administrators, legal representatives, assigned and successors in interest (herein after collectively "successors") and all rights and claims which I have or which may hereafter accrue to me against Cyclo-Vets, its sponsors, officers, directors and any other activities organized or promoted by Cyclo-Vets; including travel to or from any such activities. I agree it is my sole responsibility to prepare for participation in races and club activities and to maintain my bicycle and equipment in proper working order. I understand and agree that situations may arise during races, training rides and other Cyclo-Vets events, which may be beyond the control of Cyclo-Vets and Cyclo-Vets members responsible for organizing such events and I must continually ride so as to neither endanger others or myself. I will participate in all the races and training rides wearing a helmet that satisfies the requirements of the USCF racing rules and that can protect against serious head injury and assume all responsibility and liability for myself.

I agree for myself and successors, that the above representation are contractually binding and are not mere recitals, and that should I or my successors assert my claim in contravention of this agreement, I or my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other party or parties are finally adjudged liable on such claim for willful and wanton negligence. This agreement may not be modified orally and waiver of any provision shall not be construed as a modification of any other provision herein or as consent to any other provision herein or as consent to any subsequent waiver or modification.

Sign

&

SIGNATURE OF MEMBER/APPLICANT

**PARENT OR GUARDIAN
(IF CYCLIST IS UNDER 18)**

DATE

DATE