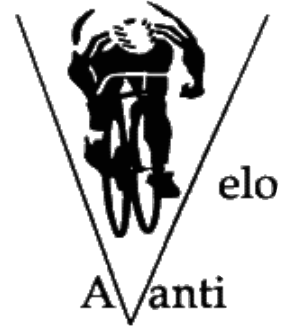


Velo Avanti Membership Application 2010
Membership Year October 01, 2009 through September 30, 2010



Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
E-mail: _____
Signature/Date: _____
USCF Racing Category (If applicable) _____ DOB _____

2010 Membership — PLACE AMOUNT IN ORDER FORM BELOW
<input type="checkbox"/> \$40.00 Team Membership
<input type="checkbox"/> Family (3 or more): \$20.00 for each additional member
<input type="checkbox"/> RENEWAL <input type="checkbox"/> NEW MEMBER

**Make all checks payable to
Velo Avanti**
Mail to:
Velo Avanti Cycling Team
8142 Marseille Drive
Huntington Beach, CA 92647

In consideration of acceptance of my application for Velo Avanti Cycling Team, I do hereby discharge any and all claims for damages, death, personal injury, or property damage which I have or which may hereafter accrue to me as a result of my participation in the above event. This release is intended to discharge in advance my sponsors and officials of the team from any and all liability arising out of or connected in any way with my membership in Velo Avanti Cycling Team.

I further understand that serious accidents occasionally occur during bicycle riding/racing and that participants in bicycle riding/racing occasionally sustain mortal or serious personal injuries and property damage as a consequence thereof. Knowing the risks of bicycle riding/racing nevertheless, I hereby agree to assume those risks, and to release and hold harmless all persons or entities mentioned above. I understand that this release is to be binding on my heirs or assignors.

Mandatory Helmet Policy: Velo Avanti requires all team members to wear a helmet while participating in team rides or any other cycling event.

Signature: _____
Signature of Parent or Guardian of Minor(s): _____