

CVC Membership Application & Renewal

To join the CVC please print out this form, including the release, fill it out and sign the release and return with your check or credit card information. Make checks payable to "CVC" and mail to:

CVC
P.O. Box 4411
Thousand Oaks, CA 91359-4411
Attn: Membership

A separate signed release must be included for all family members if joining as a family. Legible photocopies okay.

Name:

(Family memberships only) Other family members:

names and (ages) for family memberships

Address:

City: _____ State _____ Zip _____

Home phone: (_____) _____ Work phone: (_____) _____

Email: _____@_____

Membership fees (tax deductible - CVC is a 501(c)3 Non-Profit Charitable Organization)

Check one:

Individual [new*] \$30.00 []

Individual [renewal] \$20.00 []

Family [new*] \$ 35.00** []

Family [renewal] \$25.00** []

*Each new full membership is eligible to purchase one (1) CVC jersey for \$30 each, for 90 days from date of signed and paid membership application. Additional jerseys may be purchased for \$60 each depending on inventory.

**Family memberships only apply to those family members who have signed a release, or for whom a parent or guardian has signed a release if a minor.

MEMBERSHIP QUESTIONS:

CVC members may optionally post contact information (name, address, phone and email) on the cvcbike.org web site. Contact info will be password-protected and available only to other CVC members. Do you wish to opt in to the CVC member directory?

YES []

NO []

Do you wish to subscribe to the CVC members email list, which has ride announcements and other cycling info?

YES []

NO []

Do you wish to release your name to local bike shops so you can receive a CVC discount?

YES []

NO []

(Optional) What is your occupation?

MANDATORY WAIVER:

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM RELEASING THE CVC/ OUTSPOKIN AND OTHERS FROM LIABILITY. THIS APPLICATION AND RELEASE IS A CONTRACT WITH LEGAL CONSEQUENCES. I HAVE BEEN ADVISED TO READ IT CAREFULLY BEFORE SIGNING.

Please accept this as my application to join or renew my membership in OUT-SPOKIN/CONEJO VELO, INC, dba Conejo Valley Cyclists ("CVC"). I acknowledge that cycling is an inherently dangerous sport in which I participate at my own risk and that the CVC is a non-profit corporation formed to advance the sport of cycling, the efforts of which directly benefit me. In consideration of the agreement of the CVC to accept me as a member, hereby on behalf of myself, my heirs, assigns and personal representatives, I release and forever discharge the CVC, its employees, officers, directors, agents, members, sponsors, promoters and affiliates from any and all liability, claim, loss, cost or expense, and waive and promise not to sue on any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any negligence, action or omission to act of any such person or organization in connection with sponsorship, organization or execution of any bicycling ride, event or race, including travel to and from such event, in which I may participate as a rider, team member or spectator. I understand that, while the CVC requires helmets to be worn on all rides, helmets must be fitted and worn correctly. I understand the wearing of a helmet does not protect me from all injury or death. I assume all responsibility and liability for selecting my (or my child's) helmet.

Names of Applicants
(print)_____

Signatures of Applicants

_____Date_____

FOR MINORS - PARENT OR GUARDIAN MUST COMPLETE THE FOLLOWING:

I, as parent or guardian of the Applicant, represent to the CVC that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in any bicycling ride, event or race, sponsored by the CVC during the period of membership applied for, and further, in consideration of the granting of such membership, agree, individually and on behalf of my child or ward, to the terms of the above Acknowledgment of Risk and Release of Liability.

Signature of Parent or Guardian

X_____Date_____

VISA MC credit card number _____expiration

date_____