



# Good Velo Club Member Application



Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## RELEASE:

By submitting this application and paying the required membership dues, I do hereby for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims, for or to be, for injury and/or liability for which I may have or which may hereafter accrue to me against Good Velo Club, its officers, agents, representatives, successors, affiliates, and/or sponsors, arising out of my participation in any, and all, activities associated with said organization, acknowledging the inherent risks of participation in the sport of cycling.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years of age, Parent\Guardian Signature: \_\_\_\_\_

Scan and e-mail the completed form to: [paul@gvc.bike](mailto:paul@gvc.bike)

- or -

Mail the completed form to:

**Good Velo Club**  
1130 Freeland Rd.  
Freeland, MD 21053

**To ensure processing, please attach a Receipt of your Donation to the Baltimore Humane Society.**