

# ST.CATHARINES CYCLING CLUB MEMBERSHIP APPLICATION

## 2008 MEMBERSHIP

Please Print

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME TELEPHONE # (\_\_\_\_) \_\_\_\_\_ BUSINESS TELEPHONE # (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DO YOU HAVE/ARE YOU PLANNING TO GET A RACING LICENSE? \_\_\_\_\_ CATEGORY: \_\_\_\_\_

**MEMBERSHIP FEE:** Full Membership.....: \$60.00   
(Please indicate Category) Family Member Membership..... : \$40.00   
Racing Membership .....: \$40.00   
Racing Family Membership.....: \$30.00   
Alumni Membership (none riding)...:\$15.00

### Notes:

1. To qualify for a racing membership, members **MUST** provide a copy of a valid UCI Racing License to the club
2. Family memberships are for additional family members joining the club once a full membership has been taken out by someone within the family.
3. Alumni membership are for those members who no longer ride with the club (and carry no rider insurance coverage with the club)
4. Application is not complete unless the CCA Insurance Waiver is signed. For club members under 18 Years of age, parents must also sign the CCA Insurance Waiver.

Applicant's Signature \_\_\_\_\_

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

Parent's Signature \_\_\_\_\_

(If applicant is under 18 years)

### CYCLING INTERESTS:

ROAD RACING \_\_\_\_\_ TIME TRIALS \_\_\_\_\_ CLUB RIDING \_\_\_\_\_ TRIATHLON \_\_\_\_\_

MOUNTAIN BIKE \_\_\_\_\_ TRACK RACING \_\_\_\_\_ CYCLO-CROSS \_\_\_\_\_

THE STCCC IS A MEMBER RUN ORGANIZATION. ALL CLUB MEMBERS ARE EXPECTED TO HELP OUT WITH CYCLING CLUB ACTIVITIES. PLEASE INDICATE WHAT AREAS YOU ARE WILLING TO HELP WITH:

RACE ORGANIZATION: \_\_\_\_\_ COACHING (PLEASE SPECIFY INTEREST): \_\_\_\_\_

FUND RAISING: \_\_\_\_\_ OTHER (PLEASE SPECIFY): \_\_\_\_\_

### OFFICE USE ONLY

Money Received: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Waivers Signed: \_\_\_\_\_ Copy of UCI License Provided: \_\_\_\_\_

SEND COMPLETED FORM TO:

RICK CLIFT

66 NORTHGATE DRIVE, WELLAND, ONTARIO, L3C 5Y4



# WAIVER, RELEASE & INDEMNITY

2008 ReleaseIndemnityWaiver

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH (YY/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_

I \_\_\_\_\_ understand and agree that my participation in events, programs, races, or activities organized, operated, conducted and/or sanctioned by the Canadian Cycling Association and/or Provincial Associations and Various CCA Clubs and Members registered with CCA is conditional upon my execution of this document.

- 1. I am aware that cycling, and in particular competitive cycling, endurance and BMX racing, involves the possibility of injury or death.
2. I accept these risks, and all others arising from these events and programs, even if arising from the negligence, gross negligence or negligent rescue by those associated in any way with the Canadian Cycling Association events and programs I may be involved in...
3. I understand that all applicable rules for participation must be followed and that SOLE RESPONSIBILITY FOR MY PERSONAL SAFETY REMAINS WITH ME...
4. I undertake and agree to remove myself from participation if I sense or observe any unusual hazard or unsafe condition...
5. I give, a FULL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS that I have, or may have in the future, against Canadian Cycling Association, and all other Releasees...
6. I AGREE NOT TO SUE and I further agree TO INDEMNIFY AND SAVE HARMLESS the Releasees from all expenses, fees, liability or damage award or cost of any type whatsoever arising from my participation in these events or programs.

I HAVE READ AND UNDERSTOOD THIS WAIVER, RELEASE AND INDEMNITY. I am aware that by signing this agreement I am waiving substantial legal rights (on my behalf and on behalf of my heirs, executors, administrators and next of kin), including the giving up of my right to sue.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PARENTAL CONSENT FOR MINOR PARTICIPANT and INDEMNITY AGREEMENT

I have read and understood the above waiver, release and indemnity, and have discussed the same with the minor person signing above. I am satisfied the said minor understands the waiver and release and his/her obligations as set out. In consideration of the participation of my minor child/ward I too agree to waive, release and indemnify the Releasees in the terms set out above. I am aware that by signing this agreement I am waiving substantial legal rights, which my minor child/ward and I, our respective heirs, executors, administrators and next of kin may have against the Releasees.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

### PLEASE READ:

By completing this form you have given permission for the Ontario Cycling Association to use your likeness in the form of photographs for promotional purposes without notification.

Occasionally, our mailing list is made available to reputable companies and organizations whose products, services and events may be of interest to you. If you prefer not to have your name made available, please check below. To receive the Ontario Cycling Association's e-newsletter, please sign up at www.ontariocycling.org.

I do not want to be on this mailing list.