

ST.CATHARINES CYCLING CLUB MEMBERSHIP APPLICATION

2010 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

7 KATHY COURT, FONTHILL, ONTARIO, L0S 1E2

WAIVER, RELEASE & INDEMNITY

2010 Insurance Waiver and Declaration

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, the venues at which these events and programs takes place or by those organizing, officiating, or participating in these events and programs throughout the year, including their respective officers, directors, employees, agents, servants, volunteers and representatives (the "Releasees").
3. I understand that all applicable rules for participation must be followed and that **SOLE RESPONSIBILITY FOR MY PERSONAL SAFETY REMAINS WITH ME**, including my physical and emotional preparation and fitness to participate in all events and programs throughout the year.
4. I undertake and agree to remove myself from participation if I sense or observe any unusual hazard or unsafe condition, or if, at any time, at any event or program, I feel unable or unfit to safety continue for any reason.
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** *from all liability for any loss damage, injury or expense that I may suffer as a result of my participation in any part or parts of the events or programs or my presence at any venue at which they may take place, due to any cause whatsoever including the forms of negligence set forth in paragraph 2 above or from any breach of contract or statutory duty or other duty of care including any duty of care owed under the relevant Occupier's Liability Act, on the part of the 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.