

# NON-MEMBER ONE DAY LICENSE



Please print all details clearly below:

EVENT NAME:		DATE: ____ / ____ / 2011	
LAST NAME:	FIRST NAME:		
ADDRESS:			
CITY:	PROVINCE:		
POSTAL CODE:	PHONE:		
SEX:	BIRTHDATE:		
	YEAR:	MONTH:	DAY:
E-MAIL:			

**INDIVIDUALS WHO DO NOT HOLD A 2011 UCI OR CITIZEN RACE LICENSE MUST SELECT:**

- \$30 Excess Medical Coverage 1 day license**
  - 3<sup>rd</sup> party Liability & Accidental Death & Dismemberment Insurance for the duration of this event
  - Canadian residents only
- I am declining my option to purchase the additional insurance as offered above & choose:**
  - \$ 10 one day license for 17 yrs & over
  - \$ 5 one day license for 16 yrs & under
  - 3<sup>rd</sup> party Liability Insurance only for the duration of this event

## RELEASE, WAIVER & INDEMNITY

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.

- I am aware that cycling, and in particular competitive cycling, endurance and BMX racing, involves the possibility of injury or death.
- 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").
- 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.
- 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 safely continue for any reason.
- 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.**
- 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: \_\_\_\_\_

## USA & INTERNATIONAL RESIDENTS- MUST COMPLETE BELOW:

I, \_\_\_\_\_ have purchased and hold valid adequate out-of-country medical insurance that will provide medical coverage in Canada and during the race activity I have listed above.

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