

# Forest City Velodrome Membership Application (2011/12)

New Full Membership     Renewal (Membership No. \_\_\_\_\_)     Trial Membership

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

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

City: \_\_\_\_\_ Prov/State : \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

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

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_ Health Card #: \_\_\_\_\_

Gender (M/F): \_\_\_\_\_ Allergies: \_\_\_\_\_

Person to call in case of emergency: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

OCA Affiliated Club Name: \_\_\_\_\_ UCI License No: \_\_\_\_\_

**Full Membership** (\$300) – Valid for one year from date of purchase

**Family Membership** (\$300 + \$150 per additional family member) – All must live at the same address. Please list additional family members with age as of Dec 31 2010.

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

**Velo-Kids Membership** (\$150) – Saturday Velo-Kids program only

**Junior (under 19) Membership** (\$250)

**FCV designated volunteer** (\$250)

**Supplementary donation** (\$\_\_\_\_\_)

## Payment Method:

Cheque payable to:

Forest City Velodrome Association

VISA

MasterCard

Cheque amount: \_\_\_\_\_ Credit Card amount: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. \_\_\_\_\_

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

**Note:** To ride at the Forest City Velodrome you must have OCA liability insurance. US Citizens must also provide photocopy proof of extended health insurance. ***The cost of insurance is not included in your membership.*** OCA liability insurance for 2012 will be available for purchase in January 2012. Those without 2011 insurance may purchase it at the track for a set fee of \$30, but will need to renew in January 2012. Those who have not paid the insurance fee through taking out a race license/permit or membership in another OCA affiliated club must pay for insurance at their first visit to the track in the new year.

## Release, Waiver and Indemnity

In consideration of being a member of the Forest City Velodrome Association I, for my heirs, executors, administrators, successors and assigns hereby release, waive and forever discharge the Forest City Velodrome Association, its sponsors, volunteers, members, organizers, coaches, administrators and Apollo Velodrome Systems of and from all claims, demands, damages, costs, expenses, actions and causes of actions, whether in law or in equity, in respect of death, injury, loss or damage to any person or property, howsoever caused, arising by reason of being a member of the Forest City Velodrome Association.

I further undertake to hold and save harmless and agree to indemnify all the aforesaid from and against any and all liability incurred by any or all of them arising as a result of or in any way connected with being a member of the Forest City Velodrome Association.

I warrant that I am physically fit to participate in bicycle track riding. I understand that bicycle track riding/training are dangerous activities that expose participants to many hazards and risks. By signing this form I acknowledge having read, understood and agreed to the above release, waiver and indemnity.

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

If under 18, signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please also complete the attached CCA waiver.**

**I would like to volunteer 2-3 hours a week to the mission of the velodrome as:**

session leader     cleaner     race official     bike mechanic     concession stand salesperson

carpenter, electrician, plumber, other skilled trade (specify: \_\_\_\_\_)

**Mail completed form with payment to:**

**Forest City Velodrome Association, 65 Karen Walk, Waterloo, Ontario, Canada N2L 5X1.**

# 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](http://www.ontariocycling.org).

I do not want to be on this mailing list.