



2010 Membership and UCI Licence Application

1. Personal Information

PLEASE PRINT CLEARLY

2010

Form with fields: Last Name, First Name, Date of Birth, Age as of Dec. 31, 2010, Street Address, City, Postal Code, Name of Affiliated Club, Phone - Evenings, Phone - Days, Citizenship, Email Address

2. UCI Licence Selection (select a category in your chosen discipline) Please note if you are doing Road, CX or both

Large table for UCI Licence Selection with columns for Age, Road, CX, Both, MTB - XCountry, MTB - Downhill/Four Cross (4X), and various sub-categories like Youth, Junior, Elite, Master, Staff, and Commissaire.

3. General Membership / UCI Licence Fee (Includes General Membership)

Form for General Membership / UCI Licence Fee with sections (A) General Membership, (B) UCI Licence Membership, (C) Additional Services & Donations, and Important Notes.

Summary table with columns: Membership Fees Required, A, UCI Licence Fees Required, B, C, Total

FOR STAFF PURPOSES ONLY section with fields for Date, Payment, Licence #, Plates, Staff Initials, and Payment-By Credit Card-Signature.

# 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.

## Race Licence Declaration (All licence applicants must sign)

I declare that I am unaware of any reason why the requested licence should not be issued. I declare that I have not requested a licence for the same year from the UCI or from any other National Federation.

I assume exclusive responsibility for the present application and the use to be made of the licence.

I hereby undertake to respect the Constitution and Regulations of the International Cycling Union, its Continental Confederation and its National Federations.

I will participate in cycling competitions or events in a loyal and sporting manner.

I will submit to disciplinary measure taken against me and will take any appeals and litigations to the authorities provided for in the Regulations.

Subject to that reservation, I shall submit any dispute that may arise exclusively to the courts of the place of domicile of the UCI.

I will participate in only sanctioned or recognized events.

Should I participate in a cycling race where a drug test is conducted under the UCI Drug-Test Regulations, I shall agree to submit to that test.

I agree that the results of the analysis be released to the public and communicated in detail to my club/team/trade team or to my coach or doctor.

I undertake to submit any objections concerning drug abuse to the "Court of Arbitration for Sport" (CAS), whose decision I shall accept as final.

I accept that all urine samples taken become the property of the UCI and that the UCI may have them analysed, notably for the purpose of research and information on health protection.

I agree to my doctor and/or the doctor of my club/team communicating to the UCI, on its request, the list of medicines I have taken and treatment I have undergone before any given competition or cycling event.

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Date

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Applicant Signature

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Parent or Guardian Signature  
(if applicant is under age)