



ONTARIO CYCLING ASSOCIATION

3 Concorde Gate Suite #307 North York, Ontario M3C 3N7
Telephone: 416.426.7416 Facsimile: 416.426.7349

APPLICATION FOR A CAN-BIKE INSTRUCTOR CERTIFICATE CARD

Please include all necessary documents and payments to avoid delays. Fee is \$50.

Renewing Instructors need only fill out bold ~~sections~~ sections.

Mail to The Ontario Cycling Association, 3 Concorde Gate., Suite #307 North York, ON M3C 3N7

Crriecpau'Pco g: _____ M: ___ F: ___

Ocklpi 'Cfftgu: _____ Apt # _____

Elw: _____ PROV: ONTARIO **RqucnEqfg:** _____

G/OcklCfftgu: _____

Vggrj qpg: (1) _____ (2) _____

Original date you were certified as an instructor: _____ City: _____

Course Instructor's Name: _____

Course Instructor's address (if known): _____

Course Instructor's e-mail address (if known): _____

Course Instructor's Telephone: (1) _____ (2) _____

Have you been issued a prior certificate? YES NO Date of Issue _____ Expiry Date _____

Yj cvlgxglttg' {qw'egt wllgf 'iq'lgcej ACNT4 ***ALR3*****KCB *****CFFW *****CB1 *****CB2 *****OTHER** _____

Jcxg' {qw'kwj v'bp' {ECP/DKMG'rtqi tco ulp'ij g'rcw'5' {gctuA YES ___ NO ___ City _____

Pco g'qhlqti cpk'cwq' {qw'j cxg'kwj v'ij tqwi j _____

Eqpwevtgtuqpau'pco g _____ **Rj qpg'%** _____

Fq' {qw'j qif' 't' xcrlf' 'Hltw'Clf' 'Egt wllcwgA YES ""NO ""Expiry Date _____ 'Organization _____

Are you currently a member of the Ontario Cycling Association? _____

SEND A COPY OF YOUR CURRENT FIRST AID CERTIFICATE WITH THIS APPLICATION

WAIVERS MAY BE DOWNLOADED FROM THE OCA WEBSITE www.ontariocycling.org

Applicant's Signature

Date

Method of Payment (Choose one): _____ / _____ / _____ / _____ Exp. _____ / _____

OFFICE USE ONLY (Please print all information clearly))

Applicant's identity verified by _____ Date _____

Instructor workshop information verified by _____ Date _____

Other information verified by _____ Date _____

Approved By : _____ Position _____ Date _____

Certificate card issued and sent by (person's name--print) _____ Date _____

Comments:

Please note that at this time, only those instructors who teach through the Toronto Police Service, the City of Toronto, or who register their courses through the OCA are able to register for a CANBIKE Instructor Card in 2010. For further questions contact 416.426.7416.

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, involve s the possibility of injury or death.
2. I accept these r isks, and all oth ers arising from t hese events a nd programs, even if arisin g from the *negligence, gross negligence or negligent rescue* by those as sociated in any way with the Canadian Cycling Association events a nd 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 th eir respective officers, directors, employees, agents, servants, volunteers and representatives (the "Releasees").
3. I understand that all applicab le rules for part icipation must be followed and that **SOLE RESPONSIBILITY FOR MY PERSONAL SAFETY REMAINS WITH ME**, including my ph ysical and emotion al 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, o r may have in the fut ure, 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 a ll expen ses, 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 sa me with the min or person signing above. I am sat isfied 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.