



2010 ALBERTA BICYCLE ASSOCIATION DAY LICENSE APPLICATION



Last Name		First Name		Date of Birth (YY/MM/DD) ____/____/____		Age as of Dec. 31 2010 _____		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Phone – Home () ()		Phone – Cell () ()		e-mail					
Street Address				City		Province		Postal Code	
Name of Club (if applicable)						Fee \$		Office Use <input type="checkbox"/> Paid Cheque # <input type="checkbox"/> Paid Cash	
Name of Race						Temporary Race Number			

WAIVER, RELEASE & 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 the Alberta Bicycle Association or other 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** and **Alberta Bicycle Association** events and programs I may be involved in, the venues at which these events and programs take 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, Alberta Bicycle 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 of 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 expense, 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 on my right to sue.

Applicant Signature: _____

Date: _____

PARENTAL CONSENT FOR MINOR PARTICIPANT AND INDEMNITY AGREEMENT

I _____, being the parent/ guardian of _____ (herein called "my child"), for good and valuable consideration, the receipt whereof being hereby acknowledged, do hereby agree and acknowledge:

That I have read and understood the above WAIVER, RELEASE & 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, or respective heirs, executors, administrators and next of kin may have against the Releasees.

Parent/Guardian Signature: _____

Date: _____

Receipt for Day Licence

Name: _____

Club (if applicable): _____

Amount Paid: \$ _____ ABA Initial: _____

