

2011 Race License and General Membership Application

Valid until December 31, 2011

Please read carefully before completing.



1 Particulars (Please print clearly)

First Name _____ Surname _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Nationality _____

E-mail address _____

Sex: Male _____ Female _____ Date of Birth: Month _____ Day _____ Year _____ Age as of Dec 31 2011 _____

2 Officials

Staff/Personnel		Commissaire		Free
Road/Track	MTB	Road/Track	MTB	
<input type="checkbox"/> Manager	<input type="checkbox"/> Manager	<input type="checkbox"/> National-UCI	<input type="checkbox"/> National	
<input type="checkbox"/> Coach	<input type="checkbox"/> Coach	<input type="checkbox"/> National	<input type="checkbox"/> UCI <input type="checkbox"/> A <input type="checkbox"/> B	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Provincial	<input type="checkbox"/> Provincial	
<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
<input type="checkbox"/> Mechanic	<input type="checkbox"/> Mechanic			
<input type="checkbox"/> Medical	<input type="checkbox"/> Medical			

3 Racing Licenses (Age as of Dec 31 2011)

↓↓↓ Under 17 ↓↓↓	↓↓↓ 17-18 ↓↓↓	↓↓↓ 19-29 ↓↓↓	↓↓↓ 30+ ↓↓↓	Please add \$5 for each additional category added to your license.
UCI Category				
<input type="checkbox"/> Youth /Jeunesse(<17)	<input type="checkbox"/> Junior (17-18)	<input type="checkbox"/> Senior(19-29) <input type="checkbox"/> Senior (<23) Men only	<input type="checkbox"/> Master (30+)	
Road/Track				
<input type="checkbox"/> U13(10-12) \$30 <input type="checkbox"/> U15(13-14) \$30 <input type="checkbox"/> U17(15-16) \$30	<input type="checkbox"/> Junior (17-18) \$50	<input type="checkbox"/> Category 4 \$70 <input type="checkbox"/> Category 3 \$70 <input type="checkbox"/> Category 2 \$70 <input type="checkbox"/> Category 1 \$70	<input type="checkbox"/> A (30-39) \$70 <input type="checkbox"/> B (40-49) \$70 <input type="checkbox"/> C (50-59) \$70 <input type="checkbox"/> D (60+) \$70	
MTB XC				
<input type="checkbox"/> U13 (10-12) \$30 <input type="checkbox"/> U15(13-14) \$30 U17(15-16) <input type="checkbox"/> Sport \$30 <input type="checkbox"/> Expert\$30	U19(17-18) <input type="checkbox"/> Sport \$50 <input type="checkbox"/> Expert \$50	<input type="checkbox"/> Sport 19-22 M \$70 <input type="checkbox"/> Sport 23-29 M \$70 <input type="checkbox"/> Sport W \$70 <input type="checkbox"/> Expert M W \$70 <input type="checkbox"/> Pro/Elite M W \$70	Master (30-39) <input type="checkbox"/> Sport M W \$70 <input type="checkbox"/> Expert M W \$70 Master (40+) <input type="checkbox"/> Sport M \$70 <input type="checkbox"/> Expert M \$70 <input type="checkbox"/> Women \$70	
MTB DH				
U17(15-16) <input type="checkbox"/> Sport \$30 <input type="checkbox"/> Expert\$30	U19(17-18) <input type="checkbox"/> Sport \$50 <input type="checkbox"/> Expert \$50	<input type="checkbox"/> Sport 19-22 \$70 <input type="checkbox"/> Sport 23-29 \$70 <input type="checkbox"/> Sport W \$70 <input type="checkbox"/> Expert M W \$70 <input type="checkbox"/> Pro/Elite M W \$70	Veteran (30-39) <input type="checkbox"/> Sport M W \$70 <input type="checkbox"/> Expert M W \$70 Master (40+) <input type="checkbox"/> Sport M \$70 <input type="checkbox"/> Expert M \$70 <input type="checkbox"/> Women \$70	

4 Additional Category

For each additional category requested, you must pay \$5 per category.

ADDITIONAL CATEGORY _____ X \$5	\$
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5 General Membership

GENERAL MEMBERSHIP IS INCLUDED IN THE PRICE OF A RACING LICENSE ABOVE. Only pay this amount if you are NOT purchasing a race license!!

GENERAL MEMBERSHIP	\$30
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No pedal magazine Subscriptions This Year

7 Club Affiliation Discount

You must be a member of a registered Bicycle Newfoundland and Labrador Club/Team to receive discount. Club Discount cannot be applied if your Club forms have not been received.

Club/Team _____
Signature of Club President _____

-\$5.00

8 Total Cost

Total after applicable additions/discounts

\$

9. Release, Waiver and Assumption of Risk

I, _____ (full name) hereby acknowledge and agree that in consideration of being permitted to participate in cycling programs, races or activities organized, operated or sanctioned by the Canadian Cycling Association, and Bicycle Newfoundland and Labrador (herein called the Associations):

1. I do hereby release the Associations, their members, officers, directors, employees, sponsors, independent contractors and agents from all liability, and do hereby waive as against the Associations, their members, officers, directors, employees, sponsors, independent contractors, and agents all recourses, proceedings, claims, and causes of action of any kind whatsoever, in respect of all personal injuries or property losses which I may suffer arising out of or connected with my preparation for, or participation in, the aforesaid cycling programs, races or activities, notwithstanding that such injuries or losses may have been caused solely or partly by the negligence of the Associations, or any of their members, officers, directors, employees, sponsors, independent contractors or agencies;
2. And, I hereby acknowledge and agree:
 - a) that the sport of cycling is very dangerous, exposing participants to many risks and hazards, some of which are inherent in the very nature of the sport itself, others which result from human error and negligence on the part of the persons involved in preparing, organizing and staging cycling programs, races and other activities;
 - b) that, as a result of the aforesaid risks and hazards, I as a participant may suffer serious personal injury, even death, as well as property loss;
 - c) that some of the aforesaid risks and hazards are foreseeable, but others are not;
 - d) that I nevertheless freely and voluntarily assume all the aforesaid risks and hazards, and that, accordingly, my preparation for, and participation in the aforesaid cycling programs, races and activities shall be entirely at my own risk;
 - e) that I understand that neither the Associations nor any of their members, officers, directors, employees, sponsors, independent contractors or agents assume any responsibility whatsoever for my safety during the course of my preparation for or participation in the aforesaid cycling programs, races and activities;
 - f) that I have carefully read this RELEASE, WAIVER, AND ASSUMPTION OF RISK agreement, that I fully understand same, and that I am freely and voluntarily executing same;
 - g) that I understand clearly that by signing this release I will be forever prevented from suing or otherwise claiming against the Associations, their members, officers, directors, employees, sponsors, independent contractors and agents for any loss or damage connected with any property loss or personal injury that I may sustain while participating in or preparing for any of the above mentioned cycling programs, races or activities whether or not such loss or injury is caused solely or partly by the NEGLIGENCE of the Associations or any of their members, officers, directors, employees, sponsors, independent contractors and agents;
 - h) that I have been given the opportunity and have been encouraged to seek independent legal advice prior to signing this RELEASE, WAIVER AND ASSUMPTION OF RISK;
 - i) that I understand clearly that the Associations would not permit me to participate in any such cycling programs, races and activities unless I signed this RELEASE, WAIVER, AND ASSUMPTION OF RISK AGREEMENT, that this RELEASE, WAIVER AND ASSUMPTION OF RISK agreement applies to all the aforesaid cycling programs, races and activities whether occurring in the near or distant future, and that the terms of this Agreement need not be brought to my attention each time I participate in a cycling program, race or activity in order to be effective;
 - j) that the term cycling programs, races and/or activities as used in this RELEASE, WAIVER, AND ASSUMPTION OF RISK agreement includes without limiting the generality of that term, the National Team programs, races and activities as well as all other races, training sessions, clinics, programs and events that are in any way authorized, sanctioned, organized or operated by either of the Associations or both of them;
 - k) that this RELEASE, WAIVER, AND ASSUMPTION OF RISK agreement is binding on myself, my heirs, my executors, administrators, personal representatives and assigns;
 - l) I recognize that this release may be in addition to the release I must sign as a condition of participation/membership and that I am bound by the terms and conditions of both waivers.

Date: _____ Applicant Signature: _____ Witness Signature: _____

10. Race & Technical License Declaration

1. I hereby declare that I am aware of no reason why I should not be issued with the license requested. I undertake to return my license as soon as a new element occurs modifying substantially the circumstances existing at the time of the license application. I declare that I have not applied for a license for the same year to the UCI or to any other National Federation. I assume exclusive liability for this application and for the use I shall make of the license.
2. I hereby undertake to respect the Constitution and Regulations of the International Cycling Union, its Continental Confederations and its National Federations. I declare having read or having had the opportunity to read such Constitution and Regulations. I shall participate in cycling competitions or events in a fair and sporting manner. I shall submit to any disciplinary measures taken against me and shall take any appeals and litigation before the authorities provided for in the Regulations. I accept the Court of Arbitration for Sport (CAS) as the only competent jurisdiction of appeal in the cases provided for by the Regulations and in compliance with the terms thereof. I accept that the decisions of CAS shall be final and binding and not subject to appeal. With that reservation, I shall submit any litigation with the UCI exclusively to the tribunals at UCI headquarters.
3. I accept to comply with and to be bound by the UCI anti-doping regulations, the World Anti-Doping Code and its International Standards to which the UCI anti-doping regulations refer as well as the anti-doping regulations of other competent instances as foreseen by the UCI Regulations and the World Anti-Doping Code, provided such regulations comply with the World Anti-doping Code. I agree the results of the analysis may be made public and communicated in detail to my club, team or Trade Team or to my paramedical assistant or doctor. I agree that all urine samples taken shall become the property of the UCI which may have them analyzed, especially for the purposes of health protection research and information. I agree that my doctor or the doctor of my club, team or Trade Team may, on a request from the UCI, communicate to it a list of any medicines I took and treatment I underwent before any given competition.
4. I accept the conditions regarding blood testing and accept to undergo blood tests.

Date: _____ Applicant Signature: _____ Parent/Guardian Signature - (if applicant is under 19 years of age): _____

11. Parent Acknowledgement, Release, and Agreement to Indemnify

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:

1. that I/we have read and understand fully the attached RELEASE, WAIVER AND ASSUMPTION OF RISK agreement;
2. that I/we have explained to my/our child the consequences of signing the said RELEASE, WAIVER AND ASSUMPTION OF RISK agreement;
3. that the said RELEASE, WAIVER AND ASSUMPTION OF RISK agreement is on the whole beneficial to my/our child;
4. that I/we do hereby release the Canadian Cycling Association and Bicycle Newfoundland and Labrador (herein called the Associations), their members, officers, directors, employees, sponsors, independent contractors and agents from all liability, and do hereby waive as contractors and agents from all liability and do hereby waive as against the Associations, their members, officers, directors, employees, sponsors, independent contractors and agents, all recourses, proceedings, claims and causes of actions of any kind whatsoever, in respect of damages I/we might suffer as a consequence of my/our child sustaining personal injury, death or property loss while participating in the cycling programs, races and activities referred to in the above RELEASE, WAIVER AND ASSUMPTION OF RISK agreement, notwithstanding that such injury, death or loss, may have been caused solely or partly by the negligence of the said Associations, or any of their members, officers, directors, employees, sponsors, independent contractors or agents;
5. that I/we do hereby agree to indemnify and hold harmless the Associations, their members, officers, directors, employees, sponsors, independent contractors and agents from any and all claims, demands, causes of action of any kind whatsoever including those involving negligence on the part of the said Associations or any of their members, officers, directors, employees, sponsors, independent contractors and agents, that may be made or initiated by, or on behalf of my/our child, arising out of or connected with my/our said child's preparation for or participation in any of the cycling programs, races or activities referred to in the above RELEASE, WAIVER AND ASSUMPTION OF RISK agreement.
6. I recognize that this release may be in addition to the release I must sign as a condition of participation/membership and that I am bound by the terms and conditions of both waivers.

Date: _____ Parent/Guardian Signature: _____
 Witness Signature: _____

The Jones Brown waiver form must also be signed and included with all membership applications.

copy of prior license if available copy of passport or birth certificate payment enclosed: bank draft/money order personal cheque

DO NOT MAIL CASH!!

Master Card# | _____ | Exp. Date: _____
 VISA# | _____ | Exp. Date: _____
 Cardholders Name (please print): _____
 Cardholder's Signature: _____

**Mail to: Bicycle Newfoundland and Labrador
 P.O. Box 2127, Station C
 St. John's, NL
 A1C 5R6**

Office Use Only

Date Received	Date Processed	Date Mailed	Licence #