



2010 Spockids Membership Form

Date: _____

Sprockids Learn to Ride Membership Fees:

\$99 (includes PGCC membership and Cycling BC One Event-Membership)

\$(74) (I am already a PGCC member)

\$(94) (I am the second family member to have a PGCC membership)

\$(89) (I am the 3rd or more family member to have a PGCC membership)

* Note: a family member is a member of the same family residing in one household.

Last Name	First Name
Telephone Number	E-mail Address
Riding Interests (Check all that Apply):	
Road <input type="checkbox"/>	XC <input type="checkbox"/>
Freeride/DH <input type="checkbox"/>	Dirtjump <input type="checkbox"/>
Touring <input type="checkbox"/>	Commuting <input type="checkbox"/>

The PGCC is currently undertaking several exciting projects. If you would like to help the club expand and improve the services we are able to offer, a suggested minimum \$10 donation would be greatly appreciated. Thank-you. Donation: \$_____

From time-to-time, photographs and/or video may be taken at PGCC events. If you DO NOT want your image to appear in such places as our website, our facebook site, brochures, posters, newsletters, magazines, or newspapers, sign below.(parent or guardian if under 18)

Print name: _____ Sign: _____

Please send cheque (payable to PG Cycling Club) or drop off at bike shops "PGCC" drop boxes

Prince George Cycling Club
Box 225
Prince George, BC
V2L 4S1

Office Use Only.	Date: _____	Comments:
Paid: Cash \$ _____		
Cheque \$ _____	# _____	
Signature: _____		

****Remember to Complete and Sign the Waiver ****

Our club runs on volunteers, what would you be interested in volunteering for:

Ex: fundraising, bottle drives, social events, race events, trail maintenance, ride leaders, bike to work week, or anything else you can think of.

List any special skills you might have such as: forestry worker, carpenter, GPS/mapping, first-aid, grant writing, web design, graphic design, bookkeeping, media, etc.



2010 Sprockids Medical Form

Last Name	First Name
Birthdate (mm/dd/yyyy) ____/____/____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Medical Insurance Number	
Name of parent or guardian	
Telephone Number	Cell phone number
Name of parent or guardian	
Telephone Number	Cell phone number
Date of last Tetanus shot:	

Are you currently on any kind of medication? Yes No

If Yes, please specify: _____

Are you allergic to anything? Yes No

If Yes, please specify: _____

Do you have any other health issues? (ie. heart, lung, muscle, or joint problems)

Yes No

If yes, please list the type and severity: _____

List any previous injuries: _____

In case of medical emergency, I understand that every reasonable effort will be made to contact myself. In the event that I cannot be contacted, I hereby give permission to all Prince George Cycling Club volunteer to act in my name to secure proper medical treatment for my child.

Date: _____

Print Name: _____ Signature: _____

Please print all details clearly below:

PROGRAM NAME:		DATE: _____ / _____ / 2010	
LAST NAME:		FIRST NAME:	
ADDRESS:			
CITY:		PROVINCE:	
POSTAL CODE:		PHONE:	
SEX:		BIRTHDATE:	
		YEAR:	MONTH: DAY:
E-MAIL:			

- included in \$99 price

\$4.00 - Program Membership

\$0 - I hold a 2010 Cycling BC Membership
Membership #: _____

Liability Insurance & Membership is valid only for the duration of the named event. Medical Insurance is NOT included in the fee.

Please read, initial, sign and date waiver 1.

If you are under 19 years of age please have your parent or guardian read, initial and date waiver 2.

RELEASE, WAIVER & INDEMNITY / PARENTAL CONSENT & 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 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** 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").
- 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, 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.
- 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: _____