

Website: aplvncc.ca

Email:

aplvniagaracc@gmail.com

Mailing Address: Amici per la Vita Niagara Cycling Club c/o Klein Development Ltd. 6279 Huggins St. Niagara Falls, Ontario L2J 1H2

## **Membership Registration Form 2024**

Please check the appropriate boxes:			
General Membership: \$50.00			
I am interested in Mountain Biking or Gravel Riding	I am interested in volunteering for the Club  *If yes, skills/area of interest: (eg. ride leader, social, communications, training, other)		
Adult:	D.O.B.		
	/		
Youth (under 18):			
	/		
Address*:			
City: P	rovince: Postal Code:		
Telephone*: (Home)	(Cell)		
E-mail*:			
	part of our Club's policy. Amici per la Vita Niagara Cycling Club via password) on the club website. Your phone number and e-mai u do not want them published.		
Do not include my phone number(s) on the membersh	ip list published on the website		
Do not include my address on the membership list pub	olished on the website		
Do not include my e-mail address on the membership	list published on the website		
A waiver on the back of this	page MUST be signed by EACH ADULT.		
Indicate payment method:	Cheque   E Transfer*   PayPal  *e-transfer to: aplyncccorp@gmail.com		



I understand that I must use a bicycle that meets the conditions of the Highway Traffic Act and the Safety Guidelines of the Amici per la Vita Niagara Cycling Club, and I agree to ride in accordance with the regulations of the Act and the Guidelines. Helmets must be worn at all times on club activities and the rules of the road must be followed. All participants in club events must be Members of the Club.

## AMICI PER LA VITA NIAGARA CYCLING CLUB RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY, PHOTOGRAPH/VIDEO CONSENT AGREEMENT, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT").

Please read in its entirety prior to signing.

IN CONSIDERATION of being permitted to participate in any way in the Amici per la Vita Niagara Cycling Club sponsored Bicycling Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

- ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical
  condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during
  the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I
  will immediately discontinue further participation in the Activity.
- 2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these risks and dangers may be caused by my own action or inactions, the action or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
- I am aware infections or communicable disease contracted through viruses, bacteria, parasites and fungi which may be transmitted through direct or indirect contact or the negligence of other persons is also a risk. I FULLY UNDERSTAND that the "RELEASEES" NAMED BELOW ARE NOT LIABLE TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS presented by infections or communicable diseases; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
- 4. HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Club, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "RELEASEES" herein), FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.
- 5. Amici per la Vita Niagara Cycling Club may use the above named member's photos, &/or video recordings in websites and other media. I hereby give APLV Niagara permission to video tape, photograph, and/or record said member's likeness during participation in any Amici per la Vita Niagara Cycling Club activities. I understand that such taping or recording may be used at the sole discretion of Amici per la Vita Niagara Cycling Club.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

DATE.

MM

SIGNATORE.	DAIL		/	
I have read this release and accept all of the terms above	M	M DD	YYYY	
MINOR RELEASE				
AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE	OF BICYCLII	NG ACT	IVITIES ANI	D THE
MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED	), IN GOOD H	IEALTH,	AND IN PR	OPER
PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCH	IARGE, COVE	NANT N	OT TO SUE	E, AND
AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FRO	OM ALL LIABI	LITY, CL	AIMS, DEM	ANDS,
LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAU	JSED IN WHO	OLE OR	IN PART B'	Y THE
NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPE	<b>ERATIONS AN</b>	D FURTH	HER AGREE	<b>THAT</b>
IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MA	AKES A CLAII	M AGAIN	IST ANY O	F THE
RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF TH	HE RELEASEE	S FROM	ANY LITIG	ATION
EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST ANY INCUR AS THE R	RESULT OF A	NY SUCH	1 CLAIM.	
DDINTED MAME OF DADENT/OLIADDIAN.				
PRINTED NAME OF PARENT/GUARDIAN:				
SIGNATURE OF PARENT/GUARDIAN:	DATE:	/	/	

I have read this release and accept all of the terms above

PRINTED NAME OF PARTICIPANT:

CICNIATUDE.