

CYCLE STRATFORD INC.

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND PARENTAL CONSENT AGREEMENT.

IN CONSIDERATION of being permitted to participate in any way in Cycle Stratford Inc. (the Club) sponsored bicycling activities (activity), I, for myself, my representatives, my assigns and heirs:

1. ACKNOWLEDGE THAT I UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THAT I AM QUALIFIED, IN GOOD HEALTH AND PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I further understand that this activity will be conducted over public roads and facilities upon which hazards are to be expected. I further agree 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 involves risks and dangers of serious bodily injury, including disability and death (risks). b) these risks and dangers may be caused by my actions or inactions, the actions of others or the conditions in which the activity takes place, or the negligence of the participants signing this agreement. c) other risks may include social or economic losses or other losses not foreseeable at this time, and I fully accept the responsibility of such losses.
3. HEREBY RELEASE, DISCHARGE, AND CONVEYANT NOT TO TAKE LEGAL ACTION against the Club, its directors, agents, administrators, members, officers, or volunteers or sponsors of the Club, from all liability, claims, demands, losses or damages on my account, caused or alleged to be caused by the Club or its officers, members or directors.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY AGAINST CYCLE STRATFORD INC.

I am aware that my participation in Club activities does not provide me with any disability, accident, medical or life insurance.

I agree that I understand the Rules and Regulations of the Club, including its Ride Ahead Policy and Harassment Policy (see cyclestratford.ca) and agree to abide by these documents. I also agree that the Club may prohibit my participation in any program for inappropriate behavior or failure to abide by the rules.

I hereby grant permission to Cycle Stratford to use photographs or recordings of my participation.

Signature

Printed Name

Address

Email

Phone Number

Date

Emergency Contact (Please provide the name of someone to be reached in the event of an emergency.)

Name

Phone Number