

(Please write legibly)

**B.C. Masters Cycling Association (BCMCA)
Annual Membership Application for 2017**

Name: _____ Email: _____

Address: _____

_____ Postal Code: _____

Phone: _____ Mobile: _____

Date of birth: _____ Age you attain in 2017: _____

Group (Sex & Age): _____ e.g. M 30-34, M 35-39, M 40-44, etc. or F 30-34, F 35-39, F 40-44, etc.

WAIVER, SAFETY AFFIRMATION AND RELEASE:

In consideration of the acceptance of this membership application and of being allowed to participate in the B.C. Masters Cycling Association activities, I hereby personally assume all risks in connection with those activities and I further agree to forever release, discharge, waive, save and hold harmless the B.C. Masters Cycling Association, Cycling B.C., the Canadian Cycling Association, the Activity Leaders, Volunteers, and any Agents from any claim by me, or by my family, estate, heirs or assigns arising out of my participation in these activities. This includes, but is not limited to, waiving any and all rights, demands, or claims for damages and causes for suits or actions known or unknown, and further includes but is not limited to medical expenses or other expenses in the event of accident, illness, other incapacity, death or damage to property. I further state that I (rider, parent or guardian) am of lawful age and legally competent to sign this Affirmation, Waiver and Release. I understand that the terms of this document are contractual and not a mere recital and I have signed this document as my own free act. I attest and verify that I have full knowledge of the risks involved in participation of Club activities. **I agree to obey the rules of the road and act in a courteous manner towards other road users in a spirit of goodwill and co-operation. I understand I need my own liability coverage (Cycling BC Race License). I have fully informed myself of the contents of this Affirmation, Waiver Release by reading it before signing below.**

Signature: _____ Date: _____

Signature of parent or guardian: _____ Date: _____
if under 19 yrs. of age at time of signing Waiver

(For Office Use Only)

Make cheque (**\$40.00**) payable to: **BCMCA**
Mail this application with payment to: **BCMCA**
P.O. Box 157
Shawnigan Lake, BC V0R 2W0

2017 RACE NUMBER:

You need Cycling BC rider insurance (racing license) to enter BCMCA events.
Go to <https://ccnbikes.com/membership/Cycling-BC>
It provides your liability insurance while racing (Info Cycling BC 604-737-3034).

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(for on-site use – tear off and give to new member)

Received \$40.00 for BCMCA 2017 membership from: (name) _____

Signed: _____

Cash or Cheque #