

Westheights Cycling Club Waiver Form

Contact Info (Please Print)

First Name: _____ Last Name: _____
Address: _____ City: _____
Postal Code: _____ Phone: _____
Email: _____ Birthdate(if less than 18 yrs old): _____

Waiver

1. I understand that riding a bicycle can be hazardous and that at all times during any Westheights Cycling Club event my safety remains my sole responsibility. I understand the inherent risks in participating in any Westheights Cycling Club event and assume all such risks including but not limited to the risk of falling off my bike, hitting another rider or vehicle, being hit by another rider or vehicle, bicycle failure that leads to falling or injury, road conditions that lead to falling or accident including but not limited to bumps, holes, ruts, loose gravel or other impediments;
2. I agree that the bicycle I ride will be in safe condition, well-maintained, brakes will be in working order and that each participant is specifically responsible for any injuries suffered from the condition of their bicycle and safety equipment (e.g., helmet, etc.);
3. I agree that I will ride single file, obey all traffic signs and lights, make appropriate hand signals, always watch for other pedestrians, cooperate fully with event staff, including discontinuing riding if requested to do so by an event staff or organizer;
4. If I am less than 18 years old, I agree that I will wear a CSA-approved bicycle helmet at all times when riding. If I am an adult, I understand that it is strongly recommended that all adults wear a CSA-approved bicycle helmet when riding;
5. In consideration of the permission to participate as a rider or volunteer in any Westheights Cycling Club event including any pre- or post-event activities, I for myself, my heirs, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Westheights Cycling Club, Westheights Community Church, and all their associations and sponsoring companies and all their respective agents, officials, directors, employees, servants, conductors, representatives, volunteers, successors and assigns OF AND FROM ALL claims, demands, payments, actions, causes of action, damages, costs and expenses, in respect of death, injury, loss or damage to my person or property HOWEVER CAUSED arising or to arise by reason of my participation in any such said event AND NOTWITHSTANDING that same may have been contributed by the negligence of any of the foresaid. I further undertake to hold and save harmless and AGREE TO INDEMNIFY all of aforesaid from and against any and all liability incurred by any or all of them arising as a result or in any way connected to my participation in any Westheights Cycling Club event. I further understand that all Westheights Cycling Club events are unsupervised events meaning that there is no supervision of minors being provided.
6. I also consent by participating in any Westheights Cycling Club event to the use of my photograph or image, without compensation or acknowledgment, in any future publicity carried out by the Westheights Cycling Club or Westheights Community Church.
7. This waiver is effective as of the date written below and continues until it is cancelled in writing.

I accept the terms of my participation in the Westheights Cycling Club:

Signature: _____ Full legal name(print): _____ Date: _____

Parent/guardian if less than 18 years old: Signature: _____ Name(print): _____