

AMICI PER LA VITA



NIAGARA C.C.

Mailing Address:
APLV Niagara CC
c/o Klein Development Ltd.
6279 Huggins St.
Niagara Falls, Ontario
L2J 1H2

Website:
aplvncc.ca

Membership Registration Form 2015

Please check the appropriate boxes:

Single Membership (\$50.00) Jr. MTB Membership (\$20.00)

Couple/Family Membership (\$80.00)

Adult: _____ D.O.B. _____

_____/_____/_____
(MM/DD/YYYY)

Youth (under 18): _____

_____/_____/_____
(MM/DD/YYYY)

Address*: _____

City: _____ Province: _____ Postal Code: _____

Telephone*: (Home) _____ (Cell) _____

E-mail*: _____

**Privacy of members' personal information is an important part of our Club's policy. APLV NIAGARA will publish a membership list available to members only (via password) on the club website. Your phone number and e-mail address will be included unless you indicate below that you do not want them published.*

Do not include my phone number(s) on the membership list published on the website

Do not include my address on the membership list published 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.

OFFICE USE:

Cash

Cheque

AMICI PER LA VITA



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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 C.C. sponsored Bicycling Activities (“Activity”) I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. 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.
3. 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 Releases, 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.
4. APLV NIAGARA 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 APLV Niagara activities. I understand that such taping or recording may be used at the sole discretion of APLV Niagara.

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.

PRINTED NAME OF PARTICIPANT: _____

SIGNATURE: _____

DATE: ____/____/2015

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

MM DD

MINOR RELEASE

AND I, THE MINOR’S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR’S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR’S 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 FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR’S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST ANY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: ____/____/2015

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

MM DD