



New:

Renewal:

### VCB Membership Registration Paper Form & Waiver

Note: Please fill-out one form per participant. All data with an asterisk (\*) must be filled in.

Membership : \*  1-yr – Adult - \$10.00  1-year – “below 19 yrs old” - \$5.00

First Name \* \_\_\_\_\_ Last Name \* \_\_\_\_\_

Street Address \* \_\_\_\_\_

City \* \_\_\_\_\_ Prov. \* \_\_\_\_\_ Postal Code \* \_\_\_\_\_

Date of Birth \* \_\_\_\_\_ Gender \* \_\_\_\_\_  
dd/mm/yyyy

*At the time of application, if an applicant is under the age of 19, then this form must be signed by the child's parent or legal guardian.*

email: \_\_\_\_\_

Phone \* \_\_\_\_\_ Other Phone \_\_\_\_\_

#### MEMBERSHIP DIRECTORY

Names, city, email and phone will be shared only to the present membership.

DO NOT SHOW: my address  my phone #  my email address

#### PHOTO RELEASE

Photographs of me taken at events organized by Velo Cape Breton may be used for promotional or educational purposes.

Agree: \_\_\_\_\_ initials \_\_\_\_\_ Do NOT agree: \_\_\_\_\_ initials \_\_\_\_\_

#### RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

In my name/the name of my child, I am aware that the participation of me/my child in bicycling activities involves certain danger and risks and I freely and fully assume all such danger and risks and the possibility of personal injury, death, property damage or loss resulting there from. I, for myself/my child, my heirs, next-of-kin, executors, administrators and assigns, hereby release the Velo Cape Breton Society, its officers, directors, members and volunteers from any liability, and waive all claims, causes of actions of any kind whatsoever I may have as a result of me/my child sustaining personal injury, death, property damage or loss while participating in any Velo Cape Breton Society activities or events. I, for myself/my child, my heirs, next-of-kin, executors, administrators and assigns hereby agree as follows:

1. to waive any and all claims that may result against Velo Cape Breton Society, its directors, officers, volunteers, sponsors and members all of whom are hereinafter referred to as the “releasees”;
2. to release the releasees from any and all liability for any loss, damage, injury or expense that I/my child may suffer or that my next-of-kin may suffer as a result of my/my child’s participation in said events and activities;
3. to harmless and indemnify the releasees from any and all liability for any property damage, personal injury or death to any third party from my/my child’s participation in said events and activities.

Note: For a participant below 19 years of age, a Parent/Guardian's signature and their First and Last names are required.

Signature: \* \_\_\_\_\_ Print: \* \_\_\_\_\_

Date: \* \_\_\_\_\_

Include your cheque or money-order (do not mail cash) and send to:

**Velo Cape Breton, Registrar**  
**P.O. Box 485**  
**Sydney, NS B1P 6H4**

Note: "Please allow 2-3 weeks for processing"

For office use:
Payment received by:
<input type="checkbox"/> Cash
<input type="checkbox"/> Cheque
<input type="checkbox"/> Money-Order