## **WAIVER and DECLARATION: Great Victoria Velodrome Association**

I,	understand and agree that my participation in events, and/or sanctioned by the Canadian Cycling Association and/or
Provincial Associations and Various CCA Clubs and Members redocument.	
	g, endurance and BMX racing, involves the possibility of injury or
2. I accept these risks, and all others arising from these events negligence or negligent rescue by those associated in any w	ray with the Canadian Cycling Association events and programs I
may be involved in, the venues at which these events and proparticipating in these events and programs throughout the ye servants, volunteers and representatives (the "Releasees").	grams takes place or by those organizing, officiating, or ear, including their respective officers, directors, employees, agents,
3. I understand that all applicable rules for participation must be	
<b>PERSONAL SAFETY REMAINS WITH ME</b> , including my plevents and programs throughout the year.	hysical and emotional preparation and fitness to participate in all
	f I sense or observe any unusual hazard or unsafe condition, or if, at
any time, at any event or program, I feel unable or unfit to safe	
	for any loss damage, injury or expense that I may suffer as a result
of my participation in any part or parts of the events or progra	ms or my presence at any venue at which they may take place, due
to any cause whatsoever including the forms of negligence se statutory duty or other duty of care including any duty of care	t forth in paragraph 2 above or from any breach of contract or owed under the relevant Occupier's Liability Act, on the part of the
Releasees.	AND CAVE HADAN ESCAL D. L. C. H. C.
6. I AGREE NOT TO SUE and I further agree TO INDEMNIFY A liability or damage award or cost of any type whatsoever arising	
I HAVE READ AND UNDERSTOOD THIS WAIVER, RELEASE A	IND INDEMNITY. I am aware that by signing this agreement I am my heirs, executors, administrators and next of kin), including the
SIGNATURE:	DATE:
above. I am satisfied the said minor understands the waiver an participation of my minor child/ward I too agree to waive, rele	emnity, and have discussed the same with the minor person signing and release and his/her obligations as set out. In consideration of the lase and indemnify the Releasees in the terms set out above. I am egal rights, which my minor child/ward and I, our respective heirs, Releasees.
PARENT/GUARDIAN SIGNATURE:	DATE:
1. I hereby declare that I am aware of no reason why I should n license as soon as a new element occurs modifying substantia declare that I have not applied for a license for the same year t liability for this application and for the use I shall make of the I	not be issued with the license requested. I undertake to return my lly the circumstances existing at the time of the license application. to the UCI or to any other National Federation. I assume exclusive icense.
5	ons of the International Cycling Union, its Continental read or having had the opportunity to read such Constitution and ts in a fair and sporting manner. I shall submit to any disciplinary
measures taken against me and shall take any appeals and litig accept the Court of Arbitration for Sport (CAS) as the only com	gation before the authorities provided for in the Regulations. I
to appeal. With that reservation, I shall submit any litigation $\boldsymbol{w}$ tribunals at UCI headquarters.	ith the UCI exclusively to the
	ping regulations, the World Anti-Doping Code and its International ell as the anti-doping regulations of other competent instances as ode, provided such
in detail to my club, team or Trade Team or to my paramedical	the results of the analysis may be made public and communicated I assistant or doctor. I agree that all urine samples taken shall ed, especially for the purposes of health protection research and
information. I agree that my doctor or the doctor of my club, to it a list of any medicines I took and treatment I underwent before	eam or Trade Team may, on a request from the UCI, communicate to ore any given competition.
4. I accept the conditions regarding blood testing and accept t	.o unaergo bioda tests.
SIGNATURE:	DATE
PARENT/GUARDIAN SIGNATURE:	DATE:

(if applicant is under 19 years of age)