

COLCHESTER SHORT TRACK CYCLING
RELEASE, WAIVER, AND ASSUMPTION OF RISK AGREEMENT
EVENT REGISTRATION

Fall 2018

Series Fee: \$20.00 +\$5 plate fee if needed

Early Registration Fee: \$15.00 +\$5 plate fee if needed

Individuals wishing to participate in the Colchester Short Track Event / Series must complete this form, read and sign the waiver, and pay both the series and plate fees.

Athlete's Waiver and Release Form

I hereby acknowledge and agree that in consideration of being permitted to participate in this event, I do hereby release Colchester Short Track their members, officers, directors, employees, servants, representatives, successors, independent contractors, agents and assigns and all other associations, regions, municipalities, townships and sanctioning bodies from all recourse, proceedings, claims, damages, costs, expenses, actions and causes of actions, whether in law or equity, in respect of all personal injuries or losses that may have been contributed to or occasioned, solely or partly, by the negligence of the aforesaid.

I further undertake to hold and save harmless and agree to indemnify all of the aforesaid from and against any liability incurred by one or all of them, arising as a result of or in any way connected to my participation in this event.

I hereby acknowledge and agree:

That I understand that neither the aforesaid associations nor any of their members, officers, directors, employees, servants, representatives, successors, independent contractors, agents or, assigns assume any responsibility whatsoever for my safety during the course of my preparations for or participation in this event; That I carefully read this RELEASE, WAIVER and ASSUMPTION of RISK agreement, that I fully understand same and that I am freely and voluntarily executing same; That I understand clearly that the event organizer would not permit me to enter this event unless I signed the RELEASE, WAIVER and ASSUMPTION of RISK agreement and that all my equipment is mechanically fit and suitable for its intended use in the aforementioned event.

Dates: Sept 11, 18, 25, Oct 2 No Cancellation Date. Location The Railyard at Victoria Park. Registration 5:15-5:45, First Race Starts at 6:00. Awards Night - TBA

Name	Gender	School Grade	Race Category	Plate #

Address: _____ City/Postal Code: _____

Phone Number: 902_____

Signature (of Parent / Guardian if participant(s) is/are 18 or under):

Date: _____

Payment Received: _____ Initials: _____

(please see page 2 over)

Code of Conduct (Racers & Parents)

Respect

- ★ Good behavior! Participants need to be on their best behavior before, during and after the race. Parents if your child is misbehaving please address this with your child.
- ★ No put downs! Everyone has different abilities and reasons for riding and all should be respected.
- ★ All Bikes are cool! It's more important that you ride not what you ride.
- ★ Celebrate others successes.
- ★ Encourage new riders to get involved.

Know Your Abilities

- ★ Ride within your abilities.
- ★ If you are more skilled pass it on in a friendly way.
- ★ Help teach younger riders.

Practice Safe Cycling

- ★ Always wear a helmet.
- ★ Always ride with a buddy.
- ★ Learn to keep your bike in good working order.
- ★ When you go for a ride, tell someone where you are going and when you will be back.
- ★ Dress for the weather.
- ★ Be prepared! Carry water, a snack, band-aids.

Colchester Short Track Media Release Form

1) I, the undersigned, hereby authorize Colchester Short Track and or their representatives to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

2) I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by Colchester Short Track (I understand that I may be identifiable from such photographic or electronic reproduction) Agreed and accepted

Print Name1: _____ Signature(if not a Minor) _____

Print Name 2: _____ Signature(if not a Minor) _____

Print Name 3: _____ Signature(if not a Minor) _____

PARENTAL CONSENT I certify that I am the parent or guardian of the individual above, minor(s) under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this Colchester Short Track Media Release.

_____ Signature of Applicant's Parent/Guardian