



# Membership Application

One Year (202__)		Two Years (202__ - 202__)	
	Individual: \$35		Individual: \$65
	Couple: \$65		Couple: \$115
	Family: \$70		Family: \$130
	Student: \$25		Student: \$45

Payment (cheque) must accompany this application. Email [cyclestratford@gmail.com](mailto:cyclestratford@gmail.com) to arrange drop off.

## Member Information

<b>Name(s):</b>			
<b>Address:</b>			
<b>Email:</b>			
<b>Home Phone:</b>		<b>Mobile Phone:</b>	

## Cycling Skill Level – Check One:

<input type="checkbox"/>	Beginner	<input type="checkbox"/>	Casual	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced
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## Emergency Contact Information

<b>Name:</b>			
<b>Relationship:</b>			
<b>Email:</b>			
<b>Home Phone:</b>		<b>Mobile Phone:</b>	

The information you provide will be securely stored and used by Cycle Stratford for membership purposes only.

**\*\*IMPORTANT – PLEASE TURN OVER AND SIGN\*\***



# Membership Agreement

### Membership Benefits

Regularly scheduled group rides \* Destination rides  
Access to special events \* Workshops and safety clinics  
A voice for cyclists in the community

### **WAIVER AND RELEASE** OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND PARENTAL CONSENT AGREEMENT.

IN CONSIDERATION of being permitted to participate in any way in Cycle Stratford Inc. (the Club) sponsored bicycling activities (activity), I, for myself, my representatives, my assigns and heirs:

1. ACKNOWLEDGE THAT I UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THAT I AM QUALIFIED, IN GOOD HEALTH AND PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I further understand that this activity will be conducted over public roads and facilities upon which hazards are to be expected. I further agree 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 involves risks and dangers of serious bodily injury, including disability and death (risks). b) these risks and dangers may be caused by my actions or inactions, the actions of others or the conditions in which the activity takes place, or the negligence of the participants signing this agreement. c) other risks may include social or economic losses or other losses not foreseeable at this time, and I fully accept the responsibility of such losses.
3. HEREBY RELEASE, DISCHARGE, AND CONVEYANT NOT TO TAKE LEGAL ACTION against the Club, its directors, agents, administrators, members, officers, or volunteers or sponsors of the Club, from all liability, claims, demands, losses or damages on my account, caused or alleged to be caused by the Club or its officers, members or directors.

**I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY AGAINST CYCLE STRATFORD INC.**

I am aware that my participation in Club activities does not provide me with any disability, accident, medical or life insurance.

I agree that I understand the Rules and Regulations of the Club, including and its Ride Ahead Policy and Harassment Policy (see cyclestratford.ca) and agree to abide by these documents. I also agree that the Club may prohibit my participation in any program for inappropriate behavior or failure to abide by the rules.

Yes  No I have read and fully understand the above conditions, release of liability and indemnity provisions.

Yes  No I agree that Cycle Stratford may use photos of my likeness for membership purposes on their website, social media and publicity materials.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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Date Received: \_\_\_\_\_