



Membership Application

Membership Type

<input type="checkbox"/>	Individual: \$40
<input type="checkbox"/>	Student: \$30

INSTRUCTIONS: Payment may be made via cheque or Interac e-Transfer to financecyclestratford@gmail.com. Cheque or e-Transfer confirmation must accompany this form. Complete one form per membership applicant. Drop off completed forms at Ross' Bike Works, 38 Wellington St, Stratford or email cyclestratford@gmail.com to arrange drop off.

Member Information

Name:			
Address:			
Email:			
Home Phone:		Mobile Phone:	

Cycling Skill Level – Check One:

<input type="checkbox"/>	Beginner	<input type="checkbox"/>	Casual	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced
--------------------------	----------	--------------------------	--------	--------------------------	--------------	--------------------------	----------

Emergency Contact Information

Name:			
Relationship:			
Email:			
Home Phone:		Mobile Phone:	

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

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

Updated February 2025

CYCLE STRATFORD INC.

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

IN CONSIDERATION of being permitted to be a Participant in any way in Cycle Stratford Inc. sponsored bicycling activities (the “activity” or “activities”), I, for myself, and on behalf of any minor participant, and the heirs, next-of-kin, executors, administrators, successors, assigns, and representatives of them (the “Releasors”):

1. ACKNOWLEDGE THAT I UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THAT THE RELEASORS ARE QUALIFIED, IN GOOD HEALTH AND PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. The Releasors further understand that this activity will be conducted over public roads and facilities upon which hazards are to be expected. The Releasors further agree that if at any time the Releasors deem conditions to be unsafe, the Releasors will immediately discontinue further participation in the activity.
2. FULLY UNDERSTAND that a) bicycling involves risks and dangers of serious bodily injury, including, but not limited to, disability and death (the “risks”), b) these risks may be caused by, amongst other things, the Releasors’ negligence, acts or omissions, the negligence, acts or omissions of others, including, but not limited to, the Releasees (as herein defined) and other participants in the activity, and/or the conditions in which the activity takes place, c) other risks may include social or economic losses or other losses not foreseeable at this time, and I fully accept responsibility for such losses.
3. HEREBY REMISE, RELEASE, ACQUIT, HOLD HARMLESS, INDEMNIFY, FOREVER DISCHARGE, AND COVENANT NOT TO TAKE LEGAL ACTION against Cycle Stratford Inc., its respective present and former directors, officers, members, agents, servants, independent contractors, employees, volunteers and sponsors (the “Releasees”), from and against all liability, claims, demands, losses or damages which the Releasors, or any of them, may suffer or incur, howsoever caused, whether directly or indirectly, or alleged to be caused by the Releasees including caused by, or arising out of, NEGLIGENCE ON THE PART OF THE RELEASEES.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY AGAINST THE RELEASEES.

I am aware that my participation in the activities does not provide or entitle me to any disability, accident, medical or life insurance coverage.

I agree that I have read and understand the Guidelines and Policies of Cycle Stratford Inc. (see <https://cyclestratford.com/guidelines/>), including its Ride Ahead Policy and Harassment Policy, and agree to abide by the terms, conditions, and rules laid out in these documents. I also agree that Cycle Stratford Inc. may prohibit my participation in any program for inappropriate behavior or failure to comply with any of the above.

I hereby grant permission to Cycle Stratford Inc. to use my likeness in photographs or recordings of my participation.

_____ Name of Participant (<i>Please print</i>)	_____ Signature of Participant (or of Parent/Guardian)
_____ Address of Participant (<i>Please print</i>)	
_____ Email Address	_____ Telephone Number
_____ Date	
_____ Name of Parent or Guardian (if Participant under 18 years of age) (<i>Please print</i>)	_____ Date of Birth (if Participant is under 18 years of age)
_____ Emergency Contact (<i>Please print</i>)	_____ Telephone Number