



Team Member Registration Form

| Team Captain | Team Name |
|--------------|-----------|
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I have:

- read the rider information package and am familiar with rules, responsibilities, and deadlines;
- signed and enclosed the Best Centre Waiver Form

*****Everyone 18 years and under will need to have their Chico waiver form signed on site! This is a requirement of Chico Racing!!!!**

Last Name

First Name

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Address:

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City

Province

Postal Code

| | | |
|--|--|--|
| | | |
|--|--|--|

Telephone Number

Email Address

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Emergency Contact

Name

Telephone Number

| | |
|--|--|
| | |
|--|--|

Family Name

Given Name

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Dietary Needs

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Medical Conditions

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Jersey Size

- extra small
- small
- medium
- large
- extra large
- 2xl

**Please submit your Registration form and Waiver
to your Team Captain!**

**Thank you for registering for the 3rd
Annual Get Pumped 24 Hour Mountain
Bike Relay and Race!**



CHARLES H. BEST

Diabetes Centre



GET PUMPED MOUNTAIN BIKE RELAY ~TEAM GET PUMPED ~ AUGUST 23-24, 2008 WAIVER, RELEASE & INDEMNITY

I, _____ understand and agree that my participation in events, programs, races or activities organized, operated, conducted and/or sanctioned by the Charles H. Best Diabetes Centre is conditional upon my execution of this document.

1. I am aware that cycling, and in particular competitive cycling, endurance and BMX racing, involves the possibility of injury or death.
2. I accept these risks, and all others arising from these events and programs, even if arising from the negligence, gross negligence or negligent rescue by those associated in any way with Charles H. Best Diabetes Centre events and programs I may be involved in, including their respective officers, directors, employees, volunteers and representatives (the .Releasees.)
3. I understand that all applicable rules for participation must be followed and that **SOLE RESPONSIBILITY FOR MY PERSONAL SAFETY REMAINS WITH ME**, including my physical and emotional preparation and fitness to participate in all events and programs.
4. I undertake and agree to remove myself from participation if 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 safely continue for any reason.
5. I give, a **FULL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS** that I have, or may have in the future, against the Charles H. Best Diabetes Centre from all liability 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 programs or my presence at any venue at which they may take place, due to any cause whatsoever including the forms of negligence set forth in paragraph 2 above or from any breach of contract or statutory duty of care including any duty of care owed under the relevant Occupier's Liability Act, on the par of the Releasees.
6. I **AGREE NOT TO SUE** and I further agree to **INDEMNIFY AND SAVE HARMLESS** the Releasees from all expenses, fees, liability or damage award or cost of any type whatsoever arising from my participation in these events or programs.

I HAVE READ AND UNDERSTOOD THIS WAIVER, RELEASE AND INDEMNITY. I am aware that by signing this agreement I am waiving substantial legal rights (on my behalf and on behalf of my heirs, executors, administrators and next of kin), including the giving up of my right to sue.

SIGNATURE _____ **DATE** _____

PARENTAL CONSENT FOR MINOR PARTICIPANT and INDEMNITY AGREEMENT

I have read and understand the above waiver, release and indemnity, and have discussed the same with the minor person signing above. I am satisfied the said minor understands the waiver and release and his/her obligations as set out. In consideration of the participation of my minor child/ward I too agree to waive, release and indemnify the Releasees in the terms set out above. I am aware that by signing this agreement I am waiving substantial legal rights, which my minor child/ward and I, our respective heirs, executors, administrators and next of kin my have against the Releasees.

SIGNATURE _____ **DATE** _____