

Sprockids

REGISTRATION FORM

Participant:

First Name: _____

Last Name: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Date of Birth: _____

Age as of **December 31, 2016:** _____

Gender: _____

T-shirt size: _____

Parent #1 (Ride Along Membership)

First Name: _____

Last Name: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Parent #2 (Ride Along Membership)

First Name: _____

Last Name: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

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Waiver

In consideration of being allowed to participate in any way in Robb Massey's Sprockids mountain bike program, related events and Sprockids activities, the undersigned acknowledges, appreciates, and agrees:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Robb Massey's Sprockids, Spinning Sprockets Inc., Sprockids, Giant Bicycles Canada, its staff, trainers, and volunteers, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the program ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE OF PARTICIPANT: _____

PRINTED NAME: _____

DATE: _____

For Participants of Minority Age
(Under 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees, from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

SIGNATURE OF PARENT/GUARDIAN: _____

PRINTED NAME: _____

DATE: _____

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Medical Questions:

Name: _____

Manitoba Health (6 digits): _____

Personal Number (9 digits): _____

1. Are you currently on any kind of medication (including antibiotics, allergy drugs, asthma medication, etc.)? **Yes / No** If YES, please specify:

2. Are you allergic to anything? **Yes / No** If YES, please specify:

3. Do you have any special dietary requirement relating to allergies, intolerance, vegetarianism, etc? **Yes / No** If YES, please explain:

4. Date of last Tetanus shot: _____

5. Do you have any heart, lung, muscle or joint problems? **Yes / No** If YES, please list the type and severity:

6. Do you have any current/chronic injuries/illnesses? **Yes / No** If YES, please list type and duration:

In case of medical emergency, I understand that every reasonable effort will be made to contact myself. In the event that I cannot be contacted, I hereby give permission to all organization personnel to act in my name and to secure proper medical treatment for my child.

if under 18, parent/guardian please sign

Date: _____

Name: _____

Signature: _____