



# 2009 Annual Membership Form

• Suite 131, 106-4368 Main Street • Whistler BC • V0N 1B4 • 604-938-9893 •  
 • www.worca.com • info@worca.com •

The Whistler Off-Road Cycling Association is a registered non-profit society dedicated to the sport of Mountain Biking. Please read our waiver (back of page) carefully.

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

Age on Dec. 31, 2009: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Phone: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Family Membership only, family members (Name, Age, Gender):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

• Additional youth memberships can be purchased for \$25 each. Further, parents will be asked to sign a separate waiver for each child, 18 and under.

I give permission for WORCA to send me newsletters, invitations to events, and alerts: Yes  No

WORCA will not share, post or otherwise disclose member email addresses or other personal information, in compliance with the Personal Information Protection and Electronic Documents Act of 2004.

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Membership Type: Adult \$40  Youth (18 and Under) \$25  Family (Two adults, two youth) \$90

Favourite Trails: \_\_\_\_\_

I joined WORCA for: (check all that apply)

I wish to volunteer: (check all that apply)

Trail maintenance  2009 Bike Swap

Loonie Races  Downhill Series

Youth clinics / camps  Races / events

Clinics / Camps  Trail maintenance

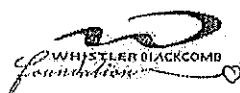
Trail advocacy  Willies Rides

Other: \_\_\_\_\_

>>> PLEASE FILL OUT AND SIGN WAIVER ON REVERSE — REQUIRED! >>>

WORCA USE ONLY -- Payment Method: Cash  Cheque  Other  \_\_\_\_\_

Notes: \_\_\_\_\_



Thanks to the Whistler Blackcomb Foundation for their generous support of WORCA and Whistler Nordics club space.



1497 MARINE DRIVE, SUITE 300  
WEST VANCOUVER, BC V7T 1B8  
PHONE: 604-922-2338  
FAX: 866-467-8770

AMATEUR ATHLETIC  
WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Whistler Off-Road Cycling Association athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

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 RISKS, 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 the Whistler Off-Road Cycling Association, 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 event ("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.

X \_\_\_\_\_  
PARTICIPANT'S SIGNATURE PARTICIPANT NAME (printed)

X \_\_\_\_\_  
WITNESS Date Signed: \_\_\_\_\_

FOR PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 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.

X \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE PARTICIPANT NAME (printed)

X \_\_\_\_\_  
WITNESS EMERGENCY PHONE NUMBER