



2010 ANNUAL MEMBERSHIP FORM

PO Box 308, Whistler, BC, V0N 1B0
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.

Have you, or any of your family members, had a WORCA membership before: Yes No
If yes what was the most recent year: _____

ACCOUNT HOLDER:	ADDITIONAL FAMILY MEMBERS:
First Name: _____ Last Name: _____	First Name: _____ Last Name: _____
Date of Birth: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address: _____	First Name: _____ Last Name: _____
City: _____ Province: _____	Date of Birth: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Phone: _____ Postal Code: _____	First Name: _____ Last Name: _____
Email: _____	Date of Birth: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Would you like to receive our newsletter: <input type="checkbox"/> Yes <input type="checkbox"/> No	If you have more family members, please continue on a second form.
EMERGENCY CONTACT:	MEMBERSHIP INFORMATION:
First Name: _____ Last Name: _____	No. of Memberships by Type: <input type="checkbox"/> Adult _____ <input type="checkbox"/> Youth _____
Phone: _____	Affiliations: <input type="checkbox"/> SORCA <input type="checkbox"/> NSMBA <input type="checkbox"/> Club Shred
WORCA will not share, post, or otherwise disclose member email addresses or other personal information in compliance with the Personal Information Protection and Electronics Documents Act of 2004.	

Favourite Trails: _____

I joined WORCA for (check all that apply):

Toonie Rides Willies Rides

I wish to volunteer for (check all that apply):

Phat/PhaSt Wednesdays Clinics/Camps

Trail Maintenance Bike Swap

Trail Maintenance Trail Advocacy

Youth Camps/Clinics Races/Events

Other: _____

(REQUIRED) PLEASE FILL OUT AND SIGN WAIVER ON REVERSE

WORCA use only: Payment Method: Cash Cheque Other: _____

Notes: _____



Thanks to the Whistler Blackcomb Foundation for their generous support of the 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 _____ Date Signed: _____
WITNESS

**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