

# MASTERS & LADIES CYCLING CLUB: PORT ELIZABETH

P O Box 10042, Linton Grange, 6015  
Tel: 041 360 1798 Fax: 086 687 3881 Cell: 084 554 5376

www.masterspe.co.za  
e-mail address : admin@masterspe.co.za



## NEW MEMBERSHIP APPLICATION / RENEWAL OF MEMBERSHIP 2017 / 2018

<b>New Membership Application</b> <input type="checkbox"/> Please tick New Membership means, not a member of club previous season				<b>Renewal of Membership</b> <input type="checkbox"/> Please tick Renewal of Membership means, was a member of club previous season										
<b>New Membership Annual Subs</b>				<b>Renewal of Membership Annual Subs</b>										
				Renewal after 09/09/2017		No	Yes	Yes = R50	R					
Full Member	R550	R		Full Member				R550	R					
Family Member ***	R275	R		Family Member ***				R275	R					
Pensioner ***	R275	R		Pensioner ***				R275	R					
<b>TOTAL AMOUNT DUE</b>				<b>TOTAL AMOUNT DUE</b>		<b>R</b>								
Your Best time in Argus or Herald      hh : mm : ss				Previous Season Group	A	B+	B	C+	C	D	E	F	G	H
Which Year?	Your current average km/h?													
*** Family Member means "spouse ^^, son or daughter of the Full Member, and living in the same household" ^^ Spouse means "A person's partner in marriage" *** Pensioner means "A person no longer working and whose income is from a pension fund or investment" Membership is restricted to Males 30 years and older and Females 10 years and older														
<b>If paying by cash, please contact the office to make arrangements - do not deposit cash or Cheques as you will be liable for the bank charges.</b> <b>No Cheques accepted. Electronic Fund Transfer (EFT)</b> Fax Proof of Payment and Membership Application to club secretary (Banking details on page two)														
Prof	Dr	Mr	Mrs	Miss	Surname:									
Initials:				First Names:										
Date of Birth: yyyy/mm/dd		ID Number:			Gender: Male    Female		Racial Group: (stats required by Government) White    Black    Coloured    Indian							
Residential Address:						Postal Address:								
Telephone Home:				Telephone Work:				Cell Phone:						
E-mail address:														
Bicycle used in Masters & Ladies races: (No Male / Male combination Tandem allowed)						Single Only		Single & Tandem		Tandem Only				
<b>MARSHALLING REQUIREMENTS</b>														
As a member of the club, you are <b>required</b> to do a <b>minimum of two</b> marshalling duties during the season. Please indicate which <b>two</b> races you would like to marshal If you are not a contender for recognition in the age group competition, please consider marshalling one of the Age Group Competition Races														
1 <sup>st</sup> Race to Marshal:						2 <sup>nd</sup> Race to Marshal:								
<b>CSA LICENSING</b>														
Do you hold a CSA License?		Yes	Type of License?		CSA Membership (R200)			CSA Full Racing (R400)						
CSA Licence Number					With which Club is license taken out?									
<b>OPTIONAL CONFIDENTIAL INFORMATION - IN CASE OF AN ACCIDENT / EMERGENCY</b>														
Contact Name			Relationship			Contact Number:			Allergies / Medic-Alert:					
Name of Doctor:				Contact Number:				Your Blood Group:						
<b>PAGE TWO OF THIS APPLICATION MUST BE COMPLETED</b>														
<b>FOR OFFICE USE</b>														
Receipt No:		Amount:		Cash	Cheque	Direct Deposit	Date:			Race No:				
Database Updated:		Club	e-mail	Fees Entered:		Finish Card:		New Member Pack Sent:		Cloth Number Issued:				

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ('AGREEMENT')

In consideration of being permitted to participate in any way in any activity organized by the MASTERS & LADIES CYCLING CLUB : PORT ELIZABETH, I, for myself, my personal representatives, heirs and next of kin:

1. Acknowledge, agree and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity, and upon which the hazards of traveling are to be expected. I further agree and warrant that at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. Fully understand that:
  - 2.1. Bicycling activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death ('risks');
  - 2.2. these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the 'releasees' named below;
  - 2.3. there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time;and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the Activity.
3. Hereby release, discharge and covenant not to sue the Club, their respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers and, if applicable, owners and lessees of premises on which the Activity takes place (each considered one of the 'releasees' herein) from all liability, claims, demands, losses or damages on my account caused, or alleged to be caused in whole or in part, by the negligence of the 'releasees' or otherwise, including negligent rescue operations; and I further agree that if, despite this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement I, or any one on my behalf, makes a claim against any of the 'releasees', I will indemnify, save and hold harmless each of the 'releasees' from any litigation expenses, attorneys' fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of any liability to the greatest extent allowed by law, and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect. This agreement will remain valid in perpetuity and until withdrawn in writing by myself.

Print Name of Participant: \_\_\_\_\_

Signature of Participant :  
(even if aged 18 or younger) \_\_\_\_\_

Date: \_\_\_\_\_

### I have read this release

And I, the minor's parent and/or legal guardian, understand the nature of bicycling activities and the minor's experience and capabilities, and believe the minor to be qualified to participate in such Activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the 'releasees' from all liability, claims, demands, losses or damage on the minor's account caused or alleged to be caused in whole or in part by the negligence of the 'releasees' or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf, makes a claim against any of the 'releasees' named above, I will indemnify, save and hold harmless each of the 'releasees' from any litigation expenses, attorneys' fees, loss liability, damage or cost any may incur as the result of any such claim.

Print Name of Parent/Guardian: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Signature of Parent/Guardian :  
(only if participant is younger than 18) \_\_\_\_\_

Date: \_\_\_\_\_

### Have read this release

### CLUB BANKING DETAILS FOR DIRECT DEPOSIT

Bank:	First National Bank	Account Name:	Masters & Ladies Cycling Club
Account Number:	534 200 149 37	Branch Code:	261 050

**EFT Proof of payment and Membership Application MUST be faxed to club secretary**