WEST BENGAL CYCLISTS' ASSOCIATION

DECLARATION FORM FOR CYCLIST'S REGISTRATION, 46th WBSCC

1. FULL NAME OF THE CYCLIST: _____
2. FATHER'S NAME: _____
3. COMPLETE ADDRESS: _____
4. MOBILE NO: _____
5. DATE OF BIRTH: _____ GENDER: _____
6. BLOOD GROUP: _____
7. EMERGENCY CONTACT NO: _____

In consideration of the acceptance of the declaration for entry in the above as an amateur cyclist. I, hereby waive, release and discharge any and all claims for damages, for death, personal injury or property damage which I may have or which may hereafter accrue to me, as a result of my participation in any Trials/Championships organized by WBCA under the aegis of Cycling Federation of India. This release is intended to discharge in advance the Organizer, the Promoters, the Sponsors, the Cycling Federation of India, the Officials and any involved Municipalities or other Public entities (and their respective agents and employees), from and against any and all liabilities arising out of action on the part of the persons or entities mentioned above.

I, further understand that serious injuries /accidents occasionally occur during cycle racing and that participants in bicycle racing occasionally sustain serious injuries and or property damage as a consequence thereof. Knowing the risk of bicycle racing nevertheless, I agree, to assure these risks and to release and hold harmless and hold harmless all the persons or entities mentioned above who might otherwise be liable to me (or my heirs or assigns)

I, am liable to abide by the Rules and Regulations of UCI/CFI/WBCA for the sport of Cycling.

I, understand Rules and Regulations of WBCA are binding on me and any violation might lead to disciplinary action deemed fit for which no legal action can be initiated.

_____ _____

(Signature of the Cyclist) **(Signature of Parent/Guardian/Coach)**