

Application for Registration for the Year 2023-24

(From 1st April 2023 to 31st March 2024)

Form 'A'

1. **Full Name of Applicant** _____
(IN BLOCK LETTERS)
2. **Complete Address** _____
of correspondence _____
_____ **Pin Code** _____
Phone Nos. R. _____ **O** _____ / _____
Mob _____ **Email :** _____
3. **Date of Birth** _____ **Blood Group** _____
4. **Occupation** _____
5. **Allergic Medicines** _____
Or Drugs if any _____

6. In consideration of the acceptance of my/my son's/my daughter's/my student's application for Registration with Cycling Association of Maharashtra (CAM) for the year 2023-24 (From 1st April 2023 to 31st March 2024) as an cyclist / official / pilot, I hereby waive, release and discharge any and all claims for damages, for death, personal injury or property damage which I/my son/daughter/student may have or which may hereafter accrue to me/my son/daughter/student, as a result of my/my son's/my daughter's/my student's participation in the all Cycle Races or events organized by Cycling Association of Maharashtra (CAM) or organized by any District Cycling Association or Clubs or Person or any other organization with the prior permission of Cycling Association of Maharashtra (CAM). This release is intended to discharge in advance the Organizer, the Promoters, the Sponsors, the Cycling Association of Maharashtra (CAM), the Promoting Clubs, the Officials and any involved Municipalities, State/Central Government or any other public entities [and their respective agents and employees], from and against any and all liabilities arising out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during Bicycle or MTB Cycle racing and that participant in Bicycle or MTB Cycle Racing occasionally sustain mortal or serious personal injuries and/or property damages as a consequence thereof. Knowing the risk of Bicycle or MTB Cycle racing nevertheless, I hereby agree, to assure these risks and to release and hold harmless all the persons or entities mentioned above who [though negligence or carelessness] might otherwise be liable to me [or my/my son's/my daughter's/my student's heirs or assigns] or damages. It is further understood and agreed that waiver, release and assumption of risks is to be binding on my/my son's/my daughter's/my student's heirs and assigns.

Name of the Applicant: _____ Signature _____

Name of the Applicant's Mother _____ Signature _____

Name of the Applicant's Father _____ Signature _____

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Parent's Permission to participate in the Bicycle Race/MTB Cycle Race/Events/Any other activity organized by/on behalf of Cycling Association of Maharashtra (CAM).

We _____ Father and _____
Mother of _____ residing at _____

_____ Pin code _____, Mob No. _____ /

_____ years hereby willfully give permission to my son / daughter
_____ Age _____ years (Date

of Birth _____) to participate in the Bicycle Race/MTB Cycle Race/Events/Any other activity organised by Maharashtra Cycling Association (MCA) or organised by any other institute with the consent of Maharashtra Cycling Association (MCA) during the year (from 1st January 2015 to 31st December 2015).

I/We have gone through all the rules and regulations of the Cycling Association of Maharashtra (CAM) and accepts that they are binding on me. I/We also accept that, all the changes in the Rules and Regulations made by Cycling Association of Maharashtra (CAM) or Cycling Federation of India (CFI) are also binding on me. I/We also accept any postponement/change in dates of the Bicycle Race/MTB Cycle Race/Events organized or Sanctioned by Cycling Association of Maharashtra (CAM).

Name of the Applicant: _____ Signature _____

Name of the Applicant's Mother _____ Signature _____

Name of the Applicant's Father _____ Signature _____