



www.invitasport.com



contactus@invitasport.com

RELEASE OF LIABILITY

In consideration of the acceptance of membership and participation in the activities of the InVita Sport Cycling Club (ISCC), I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all claims and rights for damages which I have or which I may hereafter accrue to me against the ISCC, their respective officers, agents, representatives, successors and/or assigns for any and all damages and liabilities which may be sustained and suffered by me in connection with my said association with or participation in the activities of the ISCC.

APPROVED CYCLING HELMETS ARE MANDATORY AND ARE TO BE WORN ON ALL GROUP RIDES, CLINICS OR EVENTS HOSTED BY INVITA SPORT LTD.

ABSOLUTELY NO EXCEPTIONS TO THIS RULE WILL BE TOLERATED. INVITA SPORT CONSIDERS YOUR SAFETY OF EXTREME OF IMPORTANCE.

I have read, fully understand and agree to the Release of Liability by signing below:

Name: (please print)

Signature: _____

Date: dd / mm / yyyy

EMERGENCY INFORMATION

InVita Sport strives to keep its Group Rides, Clinics and Events as safe possible for its participants. However, due to circumstances beyond our control incidents may occur.

We ask that you take a moment to fill out the Emergency and Medical Information below. Should a medical emergency arise this information will help us assist you quickly.

Note: The information below is confidential and will not be shared with anyone outside of InVita Sport except emergency medical personnel.

Emergency Contact Person:

Tel#: ()

Existing Medical Conditions:

Heart: Diabetes: Asthma:

High Blood Pressure:

Other (pls.specify): _____

Blood Type: _____

Medications: _____

Physician: _____

Tel#: ()

InVita Sport

...Fuel Your Cycling Addiction

ISCC Membership Application



www.invitasport.com



