



Manitoba Cycling Association Emergency Preparedness Plan

1. Race Organizer Information:

Club:

Event/Race Coordinator:

Address:

Phone Number:

Email:

2. Venue Information

Location:

Municipal or Regional Government/Authority:

Contact Person:

Address:

Phone Number:

Email:

Land Owner

Contact Person:

Address:

Phone Number:

Email:

Medical Personnel:

1. Name:

Phone:

2. Name:

Phone:

3. Name:

Phone:

- 3. Emergency Plan Inventory – All of the following items must be completed prior to the start of the race and available .**
- a. List of all medical personnel and their cell phones – if cell phones are not used, have they been trained on the use of the radios**
 - b. Radios or Cellular phones for your marshals and medics (they must be instructed on their proper use):**
 - c. List of all the marshals and their cell phones – if cell phones are not used, have they been trained on the use of the radios**
 - d. Is your race venue serviced by 911?**
If not, please answer the following:
 - i. Hospital contact name and phone:**
 - ii. Ambulance contact name and phone:**
 - e. A course map for the medical personnel**
 - f. Maps to the nearest hospital to hand to people**

AGREEMENT

I, the event organizer, certify that all measures have been taken to:

- Satisfy the terms of sanction**
- Offer a fair event**
- Offer an event in which risk to participants has been minimized to a reasonable extent**
- I understand that failure to observe MCA standards may result in revocation of the right to host future sanctioned events in Manitoba. I recognize the right of the Manitoba Cycling Association to cancel the event if either the MCA standards or CCA regulations have not been met.**

Host Club Representative (print)

Signature:

Date: