



**MANITOBA
CYCLING
ASSOCIATION**

Emergency Preparedness Plan

Fillable

Manitoba Cycling Association - Emergency Preparedness Plan

1. Race Organizer Information:

Club: _____
Event Coordinator: _____
Address: _____
Contact: _____

2. Venue Information:

Location: _____

3. Municipal or Regional Government/Authority:

Contact Person: _____
Address: _____
Phone Number: _____
Email: _____

4. Land Owner

Contact Person: _____
Address: _____
Phone Number: _____
Email: _____

5. Medical Personnel:

a. Name: _____ Cell: _____
b. Name: _____ Cell: _____
c. Name: _____ Cell: _____

6. Emergency Plan Inventory:

All of the following items must be completed prior to the start of the race and readily available.

- a. List of all medical personnel and their cell phones. If cell phones are not used, medical personnel just be trained on the use of the race radios.
- b. Radios or Cellular phones for your marshals and medics (must be instructed on proper use.)
- c. Is the race venue serviced by 911? If NOT, please answer the following:
 - i. Hospital contact name and phone: _____
 - ii. Ambulance contact name and phone: _____

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 reasonably minimized
- 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:** _____