



CycleCanada® Event Registration Form

Mail completed form to P.O. Box 310, Alliston, ON L9R 1V6 Canada

Or fax to 705-434-1101 / 888-814-2982

Telephone contact numbers are 705-434-1100 / 800-214-7798

E-mail address is sweep@CycleCanada.com

Name: _____		Event Code: _____	Amount Paid: _____
Street: _____		(Please See CycleCanada Schedule of Events for Event Codes.)	
City: _____	Prov./State: _____	Payment is by Cheque / Money Order payable to CycleCanada <input type="checkbox"/>	
Postal Code: _____	Country: _____	Cheque / Money order is in C\$ <input type="checkbox"/> US\$ <input type="checkbox"/> Euros <input type="checkbox"/>	
Tel. (H): _____	M /F: _____	Or, charge the above amount to my Visa or MasterCard <input type="checkbox"/>	
Tel. (W): _____	Age: _____	Visa or MasterCard payments will be in Canadian dollars	
E-mail: _____		Cardholder Name: _____	
Share with: _____	2 Beds <input type="checkbox"/> 1 Bed <input type="checkbox"/>	Visa or MC #: _____	
Allergies or medical condition: _____	Vegetarian	Expiry: _____	Date Signed: _____
	Y <input type="checkbox"/> N <input type="checkbox"/>	Signature: _____	

CANCELLATION AND REFUND POLICIES: Deposits for Cycle Canada events are not refundable. Deposits are not transferrable to another rider. Anyone registering for an event should consult the Cycle Canada statements of practices and policies. Participants may wish to investigate trip cancellation insurance. Organizers reserve the right to cancel a trip for any reason at any time prior to departure and in such case all event deposits paid will be refunded. If an event is cancelled, the organizers are not responsible for additional expenses, such as travel costs.

WAIVER AND RELEASE OF LIABILITY AGREEMENT — PLEASE READ AND SIGN THIS AGREEMENT

In consideration of the acceptance of my application and permission to participate as an entrant in this event I, for myself, my heirs, executors, administrators, successors and assigns hereby release, waive and forever discharge Cycle Canada, The Veloforce Corporation and/or VTSJ Groupe Cycliste pour Tour du Canada, and all supporting bodies, associations, advertisers and sponsors and all of their respective agents, officers, directors, employees, volunteers, servants, contractors, representatives, successors and assigns of and from all claims, demands, damages, costs, expenses, actions and causes of actions, whether in law or equity, in respect of my participation and notwithstanding that same may have been contributed to or occasioned by the negligence of any of the aforesaid. I further undertake to hold and save harmless and agree to indemnify all the aforesaid for and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my participation in the said event. I warrant that I am physically fit to participate in this event, and that all my equipment is mechanically fit and suitable for its intended use in the aforementioned event. I certify that I shall heed all traffic laws and wear a helmet approved by a standards agency accredited by, or recognized by, the Standards Council of Canada while riding as a participant in this event. I warrant that I shall wear clothing that is clearly visible from the rear because of its colour or reflective properties, in addition to any requirements in law for reflective materials and equipment respecting the safe operation of a bicycle as a vehicle. I acknowledge having understood that there are inherent risks involved in the participation in said event, including the potential for permanent paralysis and death and that I voluntarily take such risks upon myself.

**I ACKNOWLEDGE HAVING READ THIS WAIVER AGREEMENT, FULLY UNDERSTOOD ITS TERMS
AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT**

Signature: _____ Date: _____

FOR PARTICIPANTS OF MINORITY AGE (under age 18 at time of registration): This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the releasees from any and all liabilities to my minor child's involvement or participation in these programs as provided above.

Print Name of Parent/Guardian: _____

Signature: _____ Date: _____