



CycleCanada® Event Registration Form

Mail completed form to P.O. Box 310, Alliston, ON L9R 1V6 Canada
Or send by E-mail in PDF or JPG format to sweep@CycleCanada.com
Or fax to 705-434-1101 / 888-814-2982 (toll-free in North America)
Our telephone contact numbers: 705-434-1100 / 800-214-7798

Name:	_____		
Street:	_____		
City:	Prov./State:	Payment is by: Cheque/money order payable to Cycle Canada <input type="checkbox"/>	
Postal Code:	Country:	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Interac e-Transfer <input type="checkbox"/> Wire transfer <input type="checkbox"/>	
Tel. (Cell):	M <input type="checkbox"/> F <input type="checkbox"/>	Payments are in Canadian dollars. Contact us about payments in other currencies. For credit card payments, fill in details below.	
Tel. (H or W):	Age:	_____	
E-mail:	Cardholder Name: _____		
Share with:	2 Beds <input type="checkbox"/> 1 Bed <input type="checkbox"/>	Visa or MC #: _____	
Allergies or any medical condition:	Y <input type="checkbox"/> N <input type="checkbox"/>	Expiry:	3-Digit Security Code: _____
Vegetarian:	Y <input type="checkbox"/> N <input type="checkbox"/>	Signature:	Date Signed: _____

We ask about medical conditions and dietary issues that may affect your participation in a Cycle Canada event. In submitting a registration application, are there any medical or dietary matters that you wish to discuss in advance?

Y N If Yes, please give details here or contact us when submitting this application:

The initial payment amount includes a registration fee of \$150.00, which is not refundable or transferrable under any circumstance. The balance of the initial payment amount is a deposit and the Cycle Canada cancellation policy applies to that amount. All initial payment amounts apply to the total fee for an event. All fees paid to Cycle Canada are subject to Goods and Services Tax/Harmonized Sales Tax (GST/HST registration # 868873480).

Cycle Canada is registered with the Travel Industry Council of Ontario (TICO registration # 50022860R).

The registration package includes a statement of Cycle Canada Practices and Policies. As part of Cycle Canada's registration process, I confirm that I have read and understood that policy statement. By registering, I agree to sign a waiver prior to the start of a Cycle Canada event.

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: _____

PLEASE SEE WAIVER ▼



Event Name: _____ ("the Event")

Participant Name: _____ ("the Participant")

WAIVER AND RELEASE OF LIABILITY AGREEMENT

In consideration of the acceptance of my application and permission to participate as an entrant in the Event I, the Participant, for myself, my heirs, executors, administrators, successors and assigns hereby release, waive and forever discharge Cycle Canada, The Veloforce Corporation, 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 Event. This agreement shall be exclusively governed by, and construed in accordance with, the laws of the Province of Ontario, and the federal laws of Canada applicable therein.

I, the Participant, warrant that I am physically fit to participate in the Event. I warrant that my equipment is mechanically fit and suitable for its intended use in the Event.

I, the Participant, acknowledge having understood that daily routes for the Event are on public roads or paths where I will share public roads or paths with other users, including, but not limited to, motorized traffic, and that travel on said roads or paths may occur in bad weather conditions. I certify that I shall heed all traffic laws while riding as a participant in the Event.

I, the Participant, certify that I shall wear a helmet approved by a standards agency accredited by, or recognized by, the Standards Council of Canada while riding as a participant in the Event.

I, the Participant, certify that I shall prominently display a reflective triangle at all times while riding as a participant in the Event. I further certify that said reflective triangle is to be securely fastened so as to not interfere with the safe conduct of my bicycle. I acknowledge having understood that said reflective triangle is to be clearly visible from the rear and that said reflective triangle is in addition to clothing that is visible because of its colour or reflective properties. I warrant that I will comply with any requirements in law for reflective materials and equipment respecting the safe operation of a bicycle as a vehicle.

I, the Participant, acknowledge having understood that there are inherent risks involved in participation in the Event, including the potential for permanent paralysis and death and that I voluntarily take such risks upon myself. I shall take upon myself the full responsibility to withdraw from any situation that I deem to be unsafe.

Publicity: By signing this waiver, I agree that accounts of my participation in the event that include any photographic images of me may be used for publicity purposes by Cycle Canada.

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

Signature: _____ Date: _____

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Name of Parent/Guardian: _____ Signature: _____

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MAIL
166 Albert St. West
Box 310
Alliston, ON
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VOICE
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WEB
www.
CycleCanada.com

E-MAIL
sweep@
CycleCanada.com