

GRAN FONDO

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Registration One Participant Per Form			
Participant Information			
Mr Mrs Ms Dr (Please Circle One)		First Name:	Last Name:
Current address:			
City:		Province:	Postal Code:
Phone:		Email:	
I am participating: <input type="checkbox"/> As an individual <input type="checkbox"/> As part of a team			
For Team Members Only: <input type="checkbox"/> Corporate <input type="checkbox"/> Community <input type="checkbox"/> Friends and Family			
Team Name:		Team Captain's Name:	
Course Distance: <input type="checkbox"/> 60 km <input type="checkbox"/> 100 km <input type="checkbox"/> 160 km <input type="checkbox"/> 100 km + TT Challenge <input type="checkbox"/> 160 km + TT HBH Challenge			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Age: <input type="checkbox"/> <35 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> ≥ 65	
Payment Information			
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque (payable to United Way Durham Region)			
For Credit Card Payment Only:			
Name on card: (If different from above)			
Credit Card Type: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Amex		Credit Card Number:	
Expiration Date:		Signature:	
Emergency Contact			
Name:			
Address:			
City:		Province:	Postal Code: Phone (to be used on ride day):
Relationship:			
Participant Waiver			
Name of participant (print) :			
Signature of participant:			
Name of parent/guardian (print) :			
Signature of parent/guardian:			
By checking "I Agree," you agree, warrant and covenant as follows:			
<p>Assumption of risk and release of liability: I am aware that with respect to my participation in a bicycle ride and all related activities and events, ("Cycling Activities") organized by the United Way and the Oshawa Cycling Club, in addition to the usual damages and risks inherent in the activity of cycling, certain additional dangers and risks including, but not limited to, the danger and risk of collision with other participants and/or natural or man made objects (i.e. vehicles, the road, posts, abutments, buildings, trees and animals), theft of my personal property and health risks associated with physical activity (i.e. heart attack and stroke) and I freely accept and fully assume all such damages and risks and the possibility of personal injury, death, property damage or loss resulting therefrom. In consideration of my participation in the aforementioned Cycling Activities, I hereby agree as follows: (i) to waive any and all claims that I may have against: (A) the United Way, its directors, officers, staff, event organizers, volunteers, officials and business partners; (B) the Oshawa Cycling Club its executive members and volunteers; (C) the Municipality of Clarington; (D) Town of Whitby ;(E) the Corporation of the City of Oshawa; (F) Township of Brock; (G) Township of Scugog; (H) the Region of Durham; (I) other participants in the event; (J) owners and operators of any and all facilities and roads used for the Cycling Activities (all of whom are hereinafter collectively referred to as the "Releasees"); (ii) to release the Releasees from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my participation in the Cycling Activities due to any cause whatsoever, including any negligence, breach of contract, breach of statutory duty of care, or breach of the occupiers' liability act on the part of the Releasees: (iii) to hold harmless and indemnify the Releasees from any and all liability for any property damage or personal injury to any third party, resulting from my participation in the Cycling Activities: and (iv) I ACKNOWLEDGE and AGREE that by participating in the Event, I consent to the use of my photograph, without compensation, in any future publicity carried out by the United Way of Durham Region: and (v) that this release of liability shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns in the event of my death. I am of the full age of 18 years and I have read and understand this assumption of risk and release of liability prior to signing it, and I am aware that by signing this assumption of risk and release of liability I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the Releasees.</p>			
<input type="checkbox"/> I Agree <input type="checkbox"/> I Decline		Date:	