

Release & Waiver PLEASE READ & SIGN

In consideration of the acceptance of my entry, I, for myself, my heirs, executors and administrators, do hereby release and forever discharge the Cambridge Tour de Grand Inc., and its officials, marshals, sponsors and any other parties connected with the Cambridge Tour de Grand event, from all claims for damages, death, personal injury or loss of property, I may have as a result of my participation in the Cambridge Tour de Grand recreational bicycle ride being held from June 1, 2021 to June 30, 2021. I am also aware that the ride may contain some risks, including the risk of falling, collision with other bicycles, motor vehicles or stationary objects, the effects of weather conditions, and the conditions of the road. I voluntarily assume all risks of loss, damage or injury that may be sustained while participating in the Cambridge Tour de Grand.

I hereby consent to and permit emergency treatment in the event of injury or illness. I attest that I am physically capable and sufficiently trained to ride in the Cambridge Tour de Grand. I attest that the equipment I will use is in good mechanical condition. **I understand that bicycle helmets can prevent serious injury and I agree to wear one while participating in this event** and that at no time will I wear anything such as a baseball cap or headphones that may inhibit the correct use of a properly worn helmet. I agree to obey all Ontario Highway Traffic Act laws.

I grant my permission to use photographs or recordings of my participation in this event. I hereby consent to receipt of electronic reminders and updates from Cambridge Tour de Grand and opt-in to its subscriber list. No motorized or powered bicycles permitted. No baseball caps, headphones or earbuds.

I have read and understand everything written above and I voluntarily sign this agreement. **Please read and sign this form. Registration will not be accepted without a valid signature.**

Signature of Rider _____ Date _____

MINORS: Individuals under the age of 18 must obtain **signature of Parent or Guardian**. By signing this release, I as a parent or guardian of the minor participant above, hereby give permission for my child or ward to participate in the Cambridge Tour de Grand and I further agree individually and on behalf of this minor to the terms of the above release.

Signature of Parent or Guardian _____ Date _____
(if under 18)

Personal information contained on this form is collected pursuant to Municipal Freedom of Information and Protection of Privacy Act and will be used solely for the administration of this event. Questions about the collection of personal information should be directed to the City of Cambridge's Freedom of Information and Privacy Co-ordinator at 519-740-4680 ext. 4079.

If you wish to pay your pledge amount by credit card
please complete this section.

Name on Card _____

Month	Year	Date of Expiry	\$
Pledge Amount		Card Security Code	

Authorization: I authorize the Cambridge Tour de Grand to charge to my credit card, the balance of the minimum pledge amount.

Signature of Cardholder _____ Date _____



Registration Form

Form for one rider - Please print

Event (circle one) **10km 15km 25km 40km 50km 60km 72km 100km**
160km or 50km gravel 70km gravel

First Name _____ Surname _____

Email Address _____

Phone (+ area code) _____

Street _____

City _____

Province _____ Postal Code _____

Donation Amount Paid or Pledged \$ _____ See fundraising pages for details.

Total Amount Enclosed \$ _____

NO Registration Fees in 2021

Mail Form, Release and Fee Payable to:

Cambridge Kiwanis Foundation

PO Box 22063
Galt Centre Post Office
Cambridge, Ontario N1S 8E3

Do Not Send Cash by Mail

Please sign release form on reverse.