



Blue Tie Ride For The Cure

In support of Prostate Cancer Canada and The Gatehouse

REGISTRATION FORM

REGISTRATION TYPE: *\$50 EARLY BIRD REGISTRATION (\$60 on Event Day) – passengers always ride free

- I am registering as a solo rider, *please complete waiver on back of form* **Local 675 Member**
 I will have a passenger *Passengers must also complete a waiver

CONTACT INFORMATION (we do NOT share our contact lists)

Name of Rider

Passenger Name (if applicable)

Address, unit or apt#

City and Province

Postal Code

Phone

Email

Years of riding experience

FUNDRAISING INFORMATION (OPTIONAL)

I would also like to make a donation of \$_____ Total amount to charge (incl. \$60 registration fee) \$_____

PAYMENT INFORMATION

Credit Card type AMEX VISA Mastercard Cheque Cash

Credit Card Number _____

Card Security Number _____ Expiry: _____

Card Holder Name _____ (please print clearly)

BILLING ADDRESS Check if same as above

Address, unit or apt#

City and Province

Postal Code

For more information, please contact:

Dolly Betancourt, Founder and Chair

dolly.bluetieride@yahoo.com

647-719-2098

Laura Frutti, Co-Chair

laura.bluetieride@yahoo.com

416-315-3336

Prostate Cancer Canada Registration# BN89127 0944 RR | The Gatehouse Registration# 869730648 RR 0001 0001



WAIVER AND RELEASE

In signing this release, I acknowledge that I understand the intent thereof, and I hereby agree and absolve and hold harmless, Prostate Cancer Canada, The Gatehouse, Blue Tie Ride, corporate sponsors, co-operating organizations and any other parties connected with this event in any way, singly or collectively, from and against any blame and liability for any injury, misadventure sustained as a result of participation in the Blue Tie Ride for PCC and The Gatehouse or any activities associated wherewith.

I hereby consent to permit any emergency treatment in the event of injury or illness.

I also give full permission for the free use of my name, image and/or photograph in promotion, publications, or advertising connected with this event.

I represent and warrant that I will be at least 18 years old at the time of the event.

THIS WAIVER AND RELEASE SHALL BE INTERPRETED AND THE RIGHTS OF THE PARTIES DETERMINED UNDER THE LAWS OF THE PROVINCE OF ONTARIO, THE ONTARIO COURTS SHALL HAVE EXCLUSIVE JURISDICTION FOR ANY DISPUTE ARISING UNDER, OR PERTAINING TO, THIS WAIVER AND RELEASE.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a binding contract between myself and the persons and entities mentioned above and I sign it of my own free will. I understand that in giving up substantial rights, including my right to sue. I acknowledge that I am accepting this Waiver and Release freely and voluntarily, and intend by my acceptance to be a complete and unconditional release of all liability to the greatest extent allowed by law.

The privacy of our donors and event participants is important to Prostate Cancer Canada and The Gatehouse. For more information on our privacy policy, please contact Tom Fischer at 1-888-255-0333.

NAME (Please print):_____

SIGNATURE:_____

DATE:_____

FOR MINORS:

NAME OF MINOR:_____

AGE:_____

I, the undersigned, confirm that I am the legal parent or guardian for the above named minor and adhere and commit to the same above mentioned waiver and release, also intended for minors.

NAME OF PARENT OR GUARDIAN (Please print):_____

SIGNATURE:_____

DATE:_____

Thank you for supporting Prostate Cancer Canada and The Gatehouse, please have a fun and safe ride.