

Information (Please print)

Last Name	First Name	
Gender M ↑ F ↑	Language F↑ E	
Street Address		
City	Prov. Postal Code	
Home Tel	Cell	
Email		
Date of Birth (dd/mm/yy)	Age (on event day)	
Health Condition/Allergies		
June 2 2019 and any other 2019 activ I, for myself, my heirs, executors, adr HEREBY RELEASE, WAIVE AND coordinators, the Municipality of Wes volunteers,, and all other associations companies and all their respective age representatives, elected and appointed FROM ALL claims, demands, death, property HOWEVER SO CAUSED, a participation in the said event, whether whether prior to, during or subsequenthat same may have been contributed the aforesaid. I further hereby undertaindemnity all of the aforesaid from an of them as a result of, or in any way event. I give my permission for and cor in connection with any television of advertising and publicizing of the even otherwise in connection with the propersonal music devices on the run at your substitution.	FOREVER DISCHARGE event at Nipissing, all sponsors, contributors and se, sanctioning bodies and sponsoring ents, officials, servants, contractors, and officials, successors and assigns OF AND injury, loss or damage to my person or arising or to arise by reason of my era as a spectator, participant, or otherwise, at to the event, AND NOTWITHSTANDING to, or occasioned by, the negligence of any or the tohold and save harmless and agree to ad against any and all liability incurred by all onnected with, my participation in the said onsent to the use of my name and picture on or radio program, print media or the ent and waive all rights to remuneration or motions. For participants, you may use your your own risk. **ACKNOWLEDGE THAT I HAVE REED TO THE ABOVE WAIVER, WARRANT THAT I AM PHYSICALLY	
Signature	Date	
Parent/Legal Guardian Signatu	re Date	

2019 Registration Form

WEST NIPISSING CYCLE FOR CHARITY

Participants who register before May 15th 2018 will receive a free gift!

\$40.00 (includes registration, water and a lunch

(Elementary school students may register with participation of a parent or legal guardian for \$10 to cover the cost of lunch.)

Location and time

Sunday, June 2 2019 -- 10:00 am Sturgeon Falls Caisse Populaire Rain or Shine

	Rain or Sh	<u>ine</u>	
Distance:			
□ 25km	□ 50km	□ 100km	
Payment:			
☐ Cheque	↑ □ Cash	1	
†*Please make cheque payable to:			
WEST NIPISSING CYCLE FOR CHARITY.			
□ Cheque ↑ □ Cash ↑ †*Please make cheque payable to:			

All proceeds will go to the BIKE FOR KIDS project

For more information please call 705-753 2487 or e-mail Dan.Roveda@gmail.com