

## Registration form

1 General information																					
First name:					Initial:					Last name:											
Address:																					
City:				Province:				Postal code:													
E-mail:																					
Home phone:									Male:												
Cell phone:									Female:												
Date of birth: ( D / M / Y )									Age:												
Emergency contact (name):									Telephone :												
2 Additional information																					
How did you hear about the 2019 Tour of Hope?																					
Radio				Past Participant				Web				Posters									
Friends / Parents				Presentations				Other				Referred by a participant									
Tour of Hope shirt * Circle your choice				XS		S		M		L		XL									
* If you prefer a looser fit, choose one size larger.																					
Do you have a medical condition or allergies (if so, please specify):										Yes		No									
Specify:																					
3 Type of participation in the 2017 Tour of Hope																					
Entire Tour		July 25 -28, 2019			1 day participation		Registration fee		Fundraising commitment												
Day 1		July 25 2019			Adults		\$100		\$700 (\$500 early registration)												
Day 2		July 26 2019			Students		\$100		\$250 (\$200 early registration)												
Day 3		July 27 2019			2 days participation		Registration fee		Fundraising commitment												
Day 4		July 28 2019			Adults		\$125		\$1000 (\$800 early registration)												
Virtual cyclist		Registration fee (\$25)			Students		\$125		\$350 (\$300 early registration)												
Accommodation needs (cyclists):					3 or 4 days participation		Registration fee		Fundraising commitment												
July 24th		July 26th		July 28th		Adults		\$160		\$1500 (\$1000 early registration)											
July 25th		July 27th				Students		\$160		\$500 (\$400 early registration)											
4 Registration fees																					
Please submit your non-transferable registration fee payment for participation with this form.																					
I already submitted my payment through the website														Visa		Mastercard		American Express			
Name on the credit card:																					
Signature of the credit card holder:																					
Credit card number:																					
Credit card expiration date																					
5 Disclaimer and waiver of responsibility (please read and sign below)																					
<p>I, on behalf of myself, my heirs, executors, administrators, successors and right-holders, HEREBY PERMANENTLY RELEASE AND DISCHARGE the volunteers and employees, all sponsors, donors and other associations, governing authorities and businesses sponsoring the Event, all of their respective agents, officials, clerks, entrepreneurs, representatives, elected officials, public servants, successors and right-holders OF ANY claims, demands, damages, costs, fees, actions and basis for actions, whether at law or in equity, in the event of death, injury, loss or damage to my person or property FOR WHATEVER REASON, related to or arising from my participation in the Tour of Hope as a spectator, participant or other, either before, during or after the event EVEN WHERE the situation could be caused or made worse as a result of negligence on the part of the above-mentioned people and entities. I HEREBY AGREE TO COLLECT THE FUNDS SPECIFIED IN SECTION 3. If I do not collect the funds specified in SECTION 3 by November 01, 2019 I agree that the balance be charged to the credit card indicated in SECTION 4.</p> <p>IN ADDITION, I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS the above-mentioned people and entities from any responsibility and legal proceedings arising out of or relating to my participation in the Tour of Hope.</p> <p>BY SUBMITTING THIS REGISTRATION FORM, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND ACCEPTED THE ABOVE DISCLAIMER AND WAIVER OF RESPONSIBILITY.</p> <p>I CERTIFY that I possess the necessary physical capacities to participate in the Tour of Hope.</p>																					
<b>Participating cyclist:</b>																					
Full name (print):								Date:													
Signature:																					
<b>Witness:</b>																					
Full name (print):								Date:													
Signature:																					
6 Please send the completed form along with the registration fee payment to:																					
Tour of Hope																					
info@touespoir.com				Fax: 862-4474																	