



REGISTER TODAY

GENERAL INFORMATION

First Name _____ Initial ____ Last Name _____

Address _____ City _____

Province _____ Postal Code _____ Employer _____

Email (for important Ride updates) _____

Home Phone _____ Other Phone _____ Mobile Business

Date of Birth (must be 16 years or older) _____ Sex F M

In order to receive important Ride information including event updates, training and fundraising tips, and information on how funds raised are being used, you need to OPT-IN to communications. You may withdraw your consent and opt-out at any time.

Please send me Ride to Conquer Cancer updates, news and information and other commercial messages via (select all that apply):

- Email
- Robocall
- SMS message

Are you a cancer survivor?

Yes No

Vegetarian meal?

Yes No

Bike jersey size? (Sizes run small)

XS S M
 L XL XXL

How did you hear about us?

- Radio Station _____
- TV Channel _____
- Online _____
- InStore Display _____
- Newspaper/Publication _____
- On-site Presentation _____
- Friend or Relative _____
- Other _____

If a Rider referred you, enter their name and participant number.

Name _____
 Number _____

Are you willing to share your contact information with fellow participants?

Yes No

If you mark "yes," your information will only be shared with other registrants of the Ride to Conquer Cancer for the purpose of Training Rides, invitations, and other official event reasons. Your contact information will not be used for any other reasons. Please visit conquercancer.ca for our complete Privacy Policy.

PARTICIPATION TYPE

Rider Registered Riders commit to raising \$2,500 to participate in the bike ride on August 6-7, 2016.

Crew Member Crew Members must attend the entire event in a service capacity and they do not ride the route. They are not required to fundraise, but they are strongly encouraged to raise a minimum of \$500 so that more money remains with the cause.

Would you like to... **Create a new team** **Join an existing team** **Register as an individual**

Are you a... Team Member Team Captain What is your team name? _____

AMBASSADORS

Are you currently an Ambassador? Yes No

Would you like to become an Ambassador in 2016? Yes No

For more information about Ride Ambassadors, go to conquercancer.ca

DIRECT YOUR FUNDRAISING DOLLARS

If you skip this question, your fundraising dollars will go to the **Priority Cancer Discovery Fund**. For more information, call [888] 624-BIKE or visit conquercancer.ca.

- | | |
|--|---|
| <input type="radio"/> Prostate/GU (Genitourinary) | <input type="radio"/> Head & neck |
| <input type="radio"/> Colon/rectum/GI (Gastrointestinal) | <input type="radio"/> Lung |
| <input type="radio"/> Leukemia/Lymphoma/blood disorders | <input type="radio"/> Skin |
| <input type="radio"/> Brain/central nervous system | <input type="radio"/> Childhood cancers |
| <input type="radio"/> Sarcoma/musculoskeletal | <input type="radio"/> Breast |
| <input type="radio"/> Gynecology | |

PLEASE COMPLETE THE REVERSE SIDE →

REGISTRATION FEE

Please submit your non-refundable, non-transferable registration fee (\$75 fee for Rider, \$25 for Crew) with this form. If you are submitting a personal cheque, make it payable to: The Ride to Conquer Cancer. Please do not send cash.

Card Number		Exp		<input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> Amex
Cardholder Name	Cardholder Signature			

Kick start your fundraising by donating to yourself! The level you donate will probably be what most people match so aim high! Enter an amount here: _____

WAIVER AND RELEASE OF LIABILITY (Please read and sign below.)

I wish to participate in The Enbridge® Ride to Conquer Cancer® benefiting the Alberta Cancer Foundation presented by Evraz, scheduled to take place on August 6-7 2016, as well as various pre- and post-event activities (including, without limitation, one or more training rides) (the “Event”) and I agree to abide by all rules, regulations, and event instructions of the Event, as well as all applicable municipal and provincial laws and regulations.

I understand that participating in such an event, using public streets and facilities, and the use of and participation in services made available to participants during the Event (including massage, chiropractic, and medical services) is a potentially hazardous activity and can result in serious personal injury or death. I am aware of and expressly assume all risks associated with participating in this Event, including, without limitation, falls, contact with other participants, objects, bicycles and vehicles, the effects of weather, traffic, and the conditions of the streets and routes used by the Event, and I assert that my participation in this Event is voluntary.

In consideration for being permitted to participate in this Event, I, for myself and for anyone entitled to act on my behalf, hereby waive and release, from any and all claims for injuries and damages I may have arising out of the Event or my participation in the Event, The Enbridge Ride to Conquer Cancer, CauseForce, LLC, [CauseForce Canada, Inc.], the Alberta Cancer Foundation, the Alberta Cancer Board, Enbridge Inc., Evraz, the Province of Alberta, Canada, any beneficiaries, sponsors, officials, participating clubs, communities, organizations, friends of the Event, Riders, Crew Members, consultants, participants, third-party vendors, government or public entities (including, without limitation, the Department of Transportation), and each of their respective affiliates, successors, officers, directors, employees, volunteers, agents, and representatives, including, without limitation, the Event medical sponsor, medical director, and members of the medical team.

I intend by this Waiver and Release, in advance, to waive my rights, to covenant not to sue to release for future claims, and to discharge all of the persons and entities mentioned above, from any and all loss or damage, including, but not limited to claims for damages for death, personal injury or property damage that I may have, or which may hereafter accrue to me, as a result of my participation in all or any portion of this Event, even though that liability may arise from passive or active negligence, carelessness, or recklessness (whether simple or gross) on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained, or controlled by them or because of their possible liability without fault.

I understand and agree that this Waiver and Release is binding on my heirs, assigns, and legal representatives.

I attest that I am physically capable of, and have sufficiently trained for, completing each respective element of this Event. If I am aware of or under treatment for any physical

infirmity, disorder, ailment, or illness, my medical care provider has been apprised of, and has approved of, my participation in this Event. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I consent to receive medical treatment which may be advisable in the event of illness or injuries suffered by me during this Event, and I agree to pay for the costs of any such medical treatment.

I agree that my participation in the Event is subject to the sole discretion of the organizers of the Event, and that my participation may be limited or terminated, with or without cause.

I represent and warrant that I will be at least 16 years old at the time of the Event. If I am under the age of 18, I understand I MUST have a guardian accompany me on the Event as a fellow registered participant.

I understand that all donations processed by The Enbridge Ride to Conquer Cancer donation office are non-refundable and non-transferable, even if I do not participate in the Event. I further understand that my registration fee is non-refundable, non-transferable, does not apply toward my fundraising commitment, and is not tax deductible.

If I am a Rider, I understand that I must raise at least \$2,500 in order to ride in the Event. If I have not raised at least \$2,500 before August 6, 2016, I may make my own donation to reach that minimum in order to ride.

I give permission to The Enbridge Ride to Conquer Cancer, CauseForce, LLC, [CauseForce Canada, Inc.], the Alberta Cancer Foundation, the Alberta Cancer Board, and each of their respective affiliates, subsidiaries and agents, for the free use of my name, photograph, voice, or likeness, in any broadcast, telecast, advertising promotion, or other account of this Event or marketing or promotion for future or similar events, and waive any rights of privacy I may have in that regard, and I understand and consent that I will periodically be receiving communications related to my participation in the Event.

THIS WAIVER AND RELEASE SHALL BE INTERPRETED AND THE RIGHTS OF THE PARTIES DETERMINED UNDER THE LAWS OF THE PROVINCE OF ALBERTA. THE ALBERTA 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 I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Waiver and Release freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Please print first and last name here _____

Signature of participant [or guardian if participant is under 18] _____ Date _____

MAIL THE COMPLETED FORM AND REGISTRATION FEE OR REGISTER ONLINE

The Enbridge Ride to Conquer Cancer
 707 7th Ave. SW, Suite 120, Calgary AB T2P 3H6

CONQUERCANCER.CA [888] 624-BIKE