



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 Other Prefer not to answer

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.

PARTICIPATION TYPE

Rider Registered Riders commit to raising a minimum of \$2,500 to participate in the bike ride on July 11-12, 2020.

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.

Virtual Rider (no fee) A Virtual Rider is unable to participate as a Rider, but would like to commit to raising funds for the Enbridge® Ride to Conquer Cancer® benefiting the Segal Cancer Centre at the Jewish General Hospital.

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? _____

CHOOSE YOUR ROUTE

The Classic The classic 200-plus-kilometres route from Repentigny to Saint-Augustin-de-Desmaures.

The Challenge Diverging after lunch on Day 1, this alternate route will offer 30 additional kilometres of cycling fun and challenge.

DIRECT YOUR FUNDRAISING DOLLARS

If you skip this question, your fundraising dollars will go to the **Innovation Cancer Fund**.

For more information, call 1 866 996-8356 or visit conquercancer.ca.

- | | |
|--|---|
| <input type="radio"/> Innovation Cancer Fund | <input type="radio"/> Spine cancer |
| <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"/> Adolescent and young adult cancers |
| <input type="radio"/> Discovery fund for women's cancers | <input type="radio"/> Cancer nutrition and rehabilitation program |

REGISTRATION FEE

Please submit your non-refundable, non-transferable registration fee (\$75 fee for Rider, \$25 for Crew, no fee for Virtual Rider) 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

Cardholder Name _____ Cardholder Signature _____

- Visa
 Mastercard
 Amex

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: _____

Are you a cancer survivor?

Yes No

Vegetarian meal?

Yes No

Bike jersey size?

Men's Women's
 XXS XS SM MD
 LG XL 2XL 3XL

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 Enbridge 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.

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

I wish to participate in the Enbridge® Ride to Conquer Cancer® benefiting the Segal Cancer Centre at the Jewish General Hospital, scheduled to take place on July 11-12, 2020, as well as various pre- and post-event activities (including, without limitation, training rides) (the "Event"). 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 public and private 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 persons, objects, bicycles and vehicles, the effects of weather, traffic, and the conditions of the streets, routes and facilities used by the Event, and I assert that my participation in this Event is voluntary.

In consideration for being permitted to participate in the 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 Segal Cancer Centre, the Jewish General Hospital and the Jewish General Hospital Foundation, Enbridge Inc., the City of Montreal, the Province of Quebec, 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 Public Works), 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 (the "Releasees").

I intend by this Waiver and Release to release, in advance, and to waive my rights and to discharge all of the Releasees, from all 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 the Event, even though that liability may arise from active or passive negligence (whether simple or gross), carelessness, or recklessness on the part of the persons or entities being released, from dangerous or defective streets, facilities, property or equipment owned, maintained, controlled or used by them or because of their possible liability without fault. I further agree to indemnify the Releasees from all claims for damages for death, personal injury or property damage made by any third party, caused by or arising out of, in whole or in part, my actions.

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 the 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 the 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 the 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 a minor, I understand I MUST have a guardian accompany me on the event as a fellow registered participant.

I understand that the Event may be delayed, postponed or canceled due to unforeseen circumstances or occurrences not under the control of the Event organizers, including without limitation, acts of God, fires, floods, explosions, riots, wars, sabotage, terrorism, vandalism, accidents, governmental acts, injunctions, strikes and other like events that are beyond the anticipation and control of the organizers.

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 receiptable.

If I have not raised at least \$2,500 before July 11, 2020, 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 Jewish General Hospital, the Segal Cancer Centre, the Jewish General Hospital Foundation 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 the 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.

I grant the Event organizers a non-exclusive, worldwide, perpetual, irrevocable, royalty-free, transferable, sublicensable right and license to use, reproduce, adapt, modify, distribute, translate, publish, create derivative works based on, perform, display and otherwise exploit any content, in whole or in part, I provide or make available to any website, social media account or page or services operated by the Event organizers ("Services"). I represent and warrant that I have all authority necessary to grant such license and that my content (i) does not infringe, violate, misappropriate or otherwise conflict with the rights of any third party, and (ii) complies with all applicable laws and regulations. I understand that I am solely liable for all content I provide or otherwise make available to or through the Services and I agree not to use the Services to (i) upload, post, email, transmit or otherwise make available any content that (a) is unlawful, harmful, threatening, abusive, harassing, tortuous, defamatory, vulgar, obscene, libelous, invasive of another's privacy, hateful, or racially, ethnically or otherwise objectionable; (b) is harmful to minors in any way; (c) facilitates gambling, gaming, lotteries, raffles, contests, sweepstakes and/or any other activity featuring the award of a prize; (d) impersonates any person or entity, or falsely states or otherwise misrepresents my affiliation with any person or entity; (e) I do not have a right to make available or that infringes upon any person or entity's patent, trademark, trade secret, copyright or other intellectual property or proprietary rights; or (f) contains software viruses or any other computer code, files or programs designed to interrupt, destroy or limit the functionality of any computer software or hardware or telecommunications equipment; (ii) interfere with or disrupt the Services or servers or networks connected to the Services, or disobey any requirements, procedures, policies or regulations of networks connected to the Services; or (iii) intentionally or unintentionally violate any applicable law or regulation.

THIS WAIVER AND RELEASE SHALL BE INTERPRETED AND THE RIGHTS OF THE PARTIES DETERMINED UNDER THE LAWS OF THE PROVINCE OF QUEBEC. THE QUEBEC 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

6600, chemin de la Côte- des-Neiges, Office 620 Montréal (QC), Canada, H3S 2B2

CONQUERCANCER.CA 1-866-996-8356

SKU#200100_RCMO_RegForm_EN

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