Canadian Mental Health Association and Central Alberta Brain Injury Society August 28, 2010 Wellness Ride Registration Form and Waiver

PLEASE PRINT:

Name: _____ **Date:** _____

Street Address: _____ **City/Town:** _____

Postal Code: _____ **Email:** _____

Ph: (_____)_____ Other Ph: (_____)_____ Alberta Health Care #: _____

Allergies/Medications: _____

Health Concerns: _____

In Case of Emergency Contact: _____ **Ph: (_____)_____**

Please Specify Shirt Size: ☐**S** ☐**M** ☐**L** ☐**XL** ☐ **XXL**

I Plan to Cycle (choose one) ☐**25 km** (approx) **on City of Red Deer trails**

☐**50 km** (approx) **in Central Alberta** ☐**100 km** (approx) **in Central Alberta**

Registration starts at 7:30AM - Celebration Breakfast at 8:00AM - Lunch and water provided along the route.

Please State Any Special Dietary Considerations: _____

ALL PARTICIPANTS MUST READ AND SIGN THE WAIVER BELOW. MINIMUM AGE TO RIDE IS 18 YEARS.

Waiver: I hereby waive any rights and claims for damages or injury against the Canadian Mental Health Association (CMHA), the Central Alberta Brain Injury Society (CABIS), the organizers of the Wellness Ride, their agents, representatives, successors or assigns, for any and all claims that may result from my participation in this event.

I accept full responsibility for my property during this ride, and I acknowledge that CMHA, CABIS, and the organizers of the Wellness Ride event are not responsible for any damages or theft of my property.

I certify that the cycling helmet that I will be using meets the current Canadian Safety Association standards for helmets and that it is in good working order. I also confirm that the bike I will be riding has been inspected by me and I truly believe that it is in good working order and can safely complete the Wellness Ride distance of 25 km, 50 km or 100 km.

I believe that I am physically capable of completing the Wellness Ride event for which I have registered and that I have no known medical condition which would prevent me from completing this ride.

In the event of an emergency, I hereby authorize the event organizers, or their agents, to secure medical advice or attention as may be deemed necessary for my health and safety during this event. I accept responsibility for any medical emergency which may arise during this event, including any expenses that may result.

I agree to follow the instructions given by the organizers of the event for the health and safety of participants and observers.

I agree to permit the organizers of the event to use any photograph in which I may appear for promotional purposes.

Signed this _____ day of _____, 2010 Signature: _____

Minimum pledge amount is $225 for individuals, $350 for couples.
Pledge sheets and ride details will be sent to you upon receiving this registration form.
Mail, fax or email this form to: CMHA, Attention Jane Ferguson at:
5017 – 50th Avenue, Red Deer, AB T4N 4B2
Fax: 403-343-0302, email: jferguson@reddeer.cmha.ab.ca
Registration forms must be received by July 31, 2010.