

REGISTER ME FOR THE 2012 MS BIKE TOUR!

DATE REGISTERED:

SIGN ME UP FOR:

BIB #: _____

- Watrous Aug 18 & 19
 Waskesiu Sept 15

REGISTERED HOW?

- Mail
 Fax
 Walk-in
 Phone
 Past Participant Mailer

MAIL or BRING to:
MS Society
#22-1738 Quebec Ave
Saskatoon, SK S7K 1V9

MS Society
150 Albert St
Regina, SK S4R 2N2

FAX to:
(306) 565-0477

ONLINE:
www.msbiketours.com

PHONE:
1-800-268-7582

****You must be 12 years of age to participate in Watrous and 10 years of age to participate in Waskesiu.****

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Bus. Phone: _____

Email: _____

Can we contact you by email? Yes No

Want to receive online updates by email? Yes No

T-Shirt Size (XS-3XL): _____

My goal this year is to raise:

\$ _____

How many years have you been a participant in the Bike Tour?

ARE YOU ON A TEAM?

Team Name : _____

Team Category:

- Corporate Friends & Family

REGISTRATION FEE

(non-refundable, non-transferable)

- \$5 per cyclist (until November 30, 2011)

Method of Payment:

- Cash
 Cheque (payable to the MS Society)

Please Visit
www.msbiketours.ca

For online fundraising - please contact the office to receive your online fundraising login information.

Please send me _____ Pledge Sheets.

IMPORTANT: All participants must submit a minimum of \$250 in paid pledges before riding in the MS Bike Tour.

PLEASE SEE REVERSE! 

The Tour will not dispense any medication. This includes over-the-counter medications such as analgesics and antihistamines.

IN CASE OF EMERGENCY, CONTACT:

Contact Person: _____ Phone: _____

Relationship to cyclist: _____

Hospitalization #: _____

**** Cyclists under the age of 19 must have the consent of a parent or guardian. We also require the name of a responsible adult riding with the under 19 cyclist. You must be 12 years of age or older to ride in Watrous and 10 years of age to participate in Waskesiu.**

WAIVER: (each Cyclist must complete this waiver form)

I understand that the MS Bike Tour requires an ANSI, Snell or CSA approved bicycle helmet to be worn at all times while riding in the event. I understand that no one under the age of 19 is to be cycling on this Tour without being accompanied by a parent or guardian. I agree to provide a mechanically sound and safe bicycle and to observe all rules of the road and to act responsibly for my own safety at all times. I understand that failure to comply with these rules will result in expulsion from the Tour.

IN SIGNING THIS RELEASE IN CONSIDERATION of the acceptance of my application and the permission to participate as an entrant in the 2012 MS Bike Tour and any or all of the following events: Pre-Tour and Post Tour Activities and any other activities that take place prior to or after the event, including the use of my photograph(s)/picture(s) and use of my name(s) for promotional purposes. I, for myself, my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE acknowledge and hereby agree to absolve and hold harmless the Multiple Sclerosis Society of Canada (Saskatchewan Division) and its employees and volunteers, the 2012 MS Bike Tour Organizing Committee, corporate sponsors, cooperating organizations, and any other parties connected with this event in any way, singly, or collectively, from and against all claims, damages, actions, costs, expenses and demands whether in law or equity in respect of death, injury, loss or damage to my person or property, howsoever caused arising out of, or in connection with or as a result of participation in the said event or any activities associated herewith, whether as a spectator, participant, or otherwise, whether prior to, during or subsequent to the event. I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by all of them as a result of , or in any way connected with, my participation in the said event. BY SUBMITTING THIS ENTRY I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY acknowledge that the event requires strenuous physical activity and endurance. I certify that I have no physical condition which will impair my ability to participate in and withstand the contemplated activities. I WARRANT that I am physically fit to participate in this event. I hereby consent to and permit emergency treatment in the event of illness or injury.

In signing this release I acknowledge that I understand the intent hereof and it is further understood and agreed that this agreement is to be binding myself, my heirs, executors and assigns.

Signature (please have a parent/guardian sign for you if under 19 years of age)

Name and bib # of registered accompanying adult

