

2019 Tour of Hope

Hosted by



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 2019 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 <input type="checkbox"/> | | | | | | | | | | | | | |
| <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express | | | | | | | | | | | | | |
| Name on the credit card: | | | | | | | | | | | | | |
| Signature of the credit card holder: | | | | | | | | | | | | | |
| Credit card number: | | | | | | | | | | | | | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | | |
| 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> | | | | | | | | | | | | | |
| Participating cyclist: | | | | | | | | | | | | | |
| Full name (print): | | | | | | | | Date: | | | | | |
| Signature: | | | | | | | | | | | | | |
| Witness: | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |

