



101-8800 Dufferin Street.
Concord, Ontario Canada L4K 0C5
(Tel) 416.564.4991
(Fax) 416.736.8533
info@GreatCycling.com
www.greatcycling.com



THIS APPLICATION CONTAINS TWO PARTS:

1. PERSONAL INFORMATION – WE NEED TO KNOW WHO YOU ARE AND YOUR CYCLING SKILLS

2. RELEASE

1. PERSONAL INFORMATION – REGISTRATION

A. YOUR NAME (AS IT APPEARS ON YOUR PASSPORT):

B. YOUR ADDRESS: _____

C. COUNTRY: _____

D. NATIONALITY: _____

E. TELEPHONE NOS: BUSINESS _____

HOME _____

F. EMAIL ADDRESS: _____

G. SINGLE OR DOUBLE ROOM: _____

H. IF DOUBLE, NAME OF COMPANION: _____

TWO BEDS OR ONE DOUBLE: _____

I. DO YOU REQUIRE TRAVEL INSURANCE OR OUT OF COUNTRY MEDICAL INSURANCE?

No: _____

Yes: _____ **

****IF YOU REQUIRE THESE INSURANCES PLEASE CONTACT JUDY LEPOFSKY BY EMAIL AT JUDY@CWTVICTORTRAVEL.CA, OR BY PHONE AT +1.416.661.7880.**



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YOUR CYCLING BACKGROUND

OFFERING SOME LONGER DISTANCE RIDES IN HILLY TERRAIN, OUR ROUTES ARE DESIGNED TO BE INTERESTING, SCENIC AND FUN, AND ESPECIALLY FOR PEOPLE WHO LOVE TO RIDE. ALL BIKE TOURS OF ANY LENGTH REQUIRE SOME PREPARATION. WITH THE RIGHT PREPARATION, MANY RECREATIONAL CYCLISTS HAVE ENJOYED OUR TRIPS. THESE TRIPS ARE NOT INTENDED FOR INEXPERIENCED BEGINNERS OR RIDERS WHO HAVE NOT SPENT TIME ON THEIR BIKES IN TRAINING PRIOR TO DEPARTURE.

WHAT TYPE OF RIDER DO YOU CONSIDER YOURSELF (CIRCLE ONE): RECREATIONAL 20 TO 25 KPH ON THE FLATS ADVANCED 25+ KPH ON THE FLATS	
IF YOU CURRENTLY RIDE WITH A CLUB OR TEAM, WHICH ONE?	
WEEKLY MILES/KMS YOU RIDE DURING THE GOOD WEATHER SEASON:	
TOTAL OUTDOOR MILES/KMS YOU CYCLED LAST YEAR:	
DO YOU DO SPIN CLASSES OR USE AN INDOOR TRAINER?	
HAVE YOU DONE ANY LONG RIDES ON CONSECUTIVE DAYS?	
EVER RIDDEN IN THE MOUNTAINS ON ROADS WITH SWITCHBACKS (U-TURN TYPE CURVES IN THE ROAD)?	
HAVE YOU PREVIOUSLY TOURED BY BIKE?	
WHAT TYPE OF ROAD BIKE WILL YOU BRING (BRAND AND MODEL):	

THE GEAR OF YOUR BIKE IS CRUCIAL TO YOUR ENJOYMENT OF YOUR TRIP. WHAT GEARING WILL YOUR BIKE HAVE FOR THE TRIP? WE HIGHLY RECOMMEND A TRIPLE CHAIN RING FOR INTERMEDIATE RIDERS AND AT LEAST A 39X26 EQUIVALENT FOR MORE ADVANCED RIDERS WHO ARE USED TO CLIMBING. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS ABOUT THIS.



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MEDICAL & HEALTH INFORMATION

PLEASE BE ASSURED THAT ALL RESPONSES WILL REMAIN CONFIDENTIAL. ATTACH AN ADDITIONAL PAGE, IF NEEDED, TO RESPOND FULLY.

DATE OF BIRTH _____

FOR THE FOLLOWING QUESTIONS, PLEASE ANSWER YES OR NO (AND IF YES ADD ANY EXPLANATION YOU FEEL IS NECESSARY).

DO YOU HAVE ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF? _____

ARE YOU ON ANY MEDICATIONS? _____

DO YOU HAVE ANY FOOD ALLERGIES? _____

ANY OTHER RELATED INFORMATION WE SHOULD KNOW?

EMERGENCY CONTACT INFORMATION

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE _____

FAX _____

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE CONTENTS OF THIS REGISTRATION FORM AND HAVE RESPONDED COMPLETELY AND TRUTHFULLY.

 SIGNATURE DATE

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
 ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**



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BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

PLEASE READ CAREFULLY

NAME _____
COMPLETE ADDRESS _____

PHONE _____

FAX _____

EMAIL _____

TO: GREATCYCLING.COM. GREATCYCLING INC. & 375645 ONTARIO LIMITED, C.O.B. AS VICTOR TRAVEL AGENCY AND VICTOURS [HEREINAFTER COLLECTIVELY REFERRED TO AS THE "THE OPERATORS"]

DEFINITIONS

IN THIS AGREEMENT, THE TERM, "CYCLING VACATION" SHALL INCLUDE, BUT NOT BE LIMITED TO, ALL ACTIVITIES, SERVICES AND USE OF FACILITIES EITHER PROVIDED BY OR ARRANGED BY THE OPERATORS, OR IN ANY WAY RELATED TO THE CYCLING VACATION, INCLUDING BUT NOT LIMITED TO: ORIENTATION AND INSTRUCTIONS SESSIONS, TRANSPORTATION TO AND FROM WHERE THE CYCLING VACATION BEGINS OR ENDS, ACCOMMODATION AND RECREATIONAL ACTIVITIES IN ADDITION TO CYCLING ON OR OFF ROAD, SWIMMING, RUNNING, TOURING, UNLOADING AND TRAVEL IN OR MOVEMENT AROUND AIRPLANES, MOTOR VEHICLES AND BICYCLES.

ASSUMPTION OF RISKS

I AM AWARE THAT A CYCLING VACATION INVOLVES RISKS, DANGERS AND HAZARDS IN ADDITION TO THOSE NORMALLY ASSOCIATED WITH RIDING A BICYCLE ON OR OFF A ROAD, INCLUDING BUT NOT LIMITED TO: ROAD SURFACE HAZARDS, EQUIPMENT FAILURE, THE FAILURE TO WEAR SAFETY EQUIPMENT, THE USE OF INADEQUATE SAFETY EQUIPMENT, WEATHER CONDITIONS, IMPACT OR COLLISION WITH MOTOR VEHICLES, OTHER CYCLISTS AND OTHER OBJECTS; THE FAILURE TO OPERATE A BICYCLE SAFELY OR WITHIN ONE'S OWN ABILITY; NEGLIGENCE ON MY PART OR ON THE PART OF OTHER PARTIES INCLUDING OTHER CYCLISTS; AND **NEGLIGENCE ON THE PART OF THE OPERATORS OR THEIR GUIDES AND EMPLOYEES, INCLUDING THE FAILURE OF THE OPERATORS OR THEIR GUIDES AND EMPLOYEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH A CYCLING VACATION.** CYCLISTS MAY BECOME LOST OR SEPARATED FROM THEIR GUIDE OR GROUP AND AGREE THAT THEY HAVE THE ABILITY TO RIDE INDEPENDENTLY IN SUCH CIRCUMSTANCES. COMMUNICATION IN THE COUNTRYSIDE MAY BE DIFFICULT AND IN THE EVENT OF ACCIDENT, RESCUE AND MEDICAL TREATMENT MAY NOT BE READILY AVAILABLE.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH A CYCLING VACATION AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR ANY LOSS RESULTING THEREFROM.



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RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

IN CONSIDERATION OF **THE OPERATORS** ALLOWING ME TO PARTICIPATE IN THE CYCLING VACATION AND FOR OTHER GOOD AND VALUABLE CONSIDERATION, THE RECEIPT AND SUFFICIENCY OF WHICH IS HEREBY ACKNOWLEDGED, **I HEREBY AGREE AS FOLLOWS:**

- I. TO WAIVE ANY AND ALL CLAIMS** THAT I HAVE, OR MAY HAVE IN FUTURE, AGAINST **THE OPERATORS** AND THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, GUIDES, AGENTS, INDEPENDENT CONTRACTORS, REPRESENTATIVES, PERSONAL REPRESENTATIVES, SUCCESSORS AND ASSIGN [ALL OF WHOM ARE HEREIN COLLECTIVELY REFERRED TO AS THE **"RELEASEES"**] AND TO **RELEASE THE RELEASEES** FROM ANY AND ALL LIABILITY FOR ANY LOSS, DAMAGE, EXPENSE OR INJURY [INCLUDING DEATH] THAT I MAY SUFFER, OR THAT MY NEXT OF KIN MAY SUFFER, AS A RESULT OF MY PARTICIPATION IN THE CYCLING VACATION, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTE OR OTHER DUTY OF CARE ON THE PART OF THE RELEASEES, AND INCLUDING ANY FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH THE CYCLING VACATION REFERRED TO ABOVE AND WHICH I HAVE DECIDED TO PARTICIPATE IN.
- II. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** FROM ANY AND ALL PROPERTY DAMAGE OR PERSONAL INJURY CAUSED TO ANY THIRD PARTY RESULTING FROM MY CONDUCT OR PARTICIPATION IN THE CYCLING VACATION.
- III. TO PURCHASE AND/OR MAINTAIN OUT OF COUNTRY MEDICAL INSURANCE COVERAGE** TO COVER ME FOR THE FULL PERIOD OF TIME THAT I AM OUT OF MY HOME STATE, OR PROVINCE PARTICIPATING IN THE CYCLING VACATION.
- IV. THAT THIS AGREEMENT SHALL BE EFFECTIVE AND BINDING UPON ME, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND PERSONAL REPRESENTATIVES, IN THE EVENT OF MY DEATH OR INCAPACITY.**
- V. THAT THIS AGREEMENT AND ANY RIGHTS, DUTIES AND OBLIGATIONS AS BETWEEN THE PARTIES TO THIS AGREEMENT SHALL BE GOVERNED BY AND BE INTERPRETED SOLELY IN ACCORDANCE WITH THE LAWS OF THE PROVINCE OF ONTARIO, CANADA.**
- VI ANY LITIGATION INVOLVING THE PARTIES TO THIS AGREEMENT SHALL BE BROUGHT SOLELY IN THE PROVINCE OF ONTARIO, CANADA, WHOSE COURTS SHALL HAVE SOLE AND EXCLUSIVE JURISDICTION.**

BY SIGNING THIS DOCUMENT THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT HE/SHE IS NOT RELYING ON ANY ORAL OR WRITTEN REPRESENTATIONS OR STATEMENTS MADE BY THE RELEASEES WITH RESPECT TO THE SAFETY OF THE CYCLING VACATION, OTHER THAN AS SET FORTH IN THIS AGREEMENT.

I CONFIRM THAT IT IS MY SOLE DECISION TO PARTICIPATE IN THE ACTIVITIES ASSOCIATED WITH THE CYCLING VACATION AND THAT I HAVE CONSULTED WITH MY PHYSICIAN AND HAVE BEEN GIVEN CLEARANCE TO PARTICIPATE IN THE ACTIVITIES.

I CONFIRM THAT I READ THE TERMS AND CONDITIONS ON THE GREATCYCLING.COM WEBSITE AND THAT I AM OF THE FULL AGE OF NINETEEN [19] YEARS AND THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENT OF THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM FULLY AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND PERSONAL REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.



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SIGNED AT THE CITY OF _____, IN THE PROVINCE OR STATE OF _____, ON THIS
_____ DAY OF _____, 201 .

WITNESS

SIGNATURE OF CYCLIST

PRINTED NAME OF CYCLIST

THIS AGREEMENT MUST BE COMPLETED IN FULL, DATED, SIGNED AND WITNESSED PRIOR TO PARTICIPATION IN THE CYCLING VACATION.