



TRAILBLAZERS

Tandem Cycling Club

WE'RE OUT OF SIGHT

PLEASE PRINT CLEARLY		CAPTAIN'S REGISTRATION		(IF POSSIBLE, YOU ARE ENCOURAGED TO COMPLETE YOUR REGISTRATION ON OUR WEBSITE @ TrailblazersTandem.org)	
FIRST NAME		LAST NAME			
ADDRESS		CITY/POSTAL			
MAIN PHONE		PHONE 2			
EMAIL		EMAIL 2			
HEIGHT FT & IN _____ WEIGHT LBS _____		WHICH SHED(S) WOULD YOU PREFER TO RIDE FROM?			
AGE GROUP: PLEASE COMPLETE, INFO USED FOR GRANTS		<input type="checkbox"/> CNIB <input type="checkbox"/> EAST SHED <input type="checkbox"/> FERRY DOCKS <small>1929 BAYVIEW KENNEDY SUBWAY BAY / QUEENS QUAY</small>			
<input type="checkbox"/> 16-19 <input type="checkbox"/> 20-24 <input type="checkbox"/> 25-64 <input type="checkbox"/> 65+		<input type="checkbox"/> SOUTH SHED <input type="checkbox"/> WEST SHED <small>LAKESHORE/ROYAL YORK BURNHAMTHORPE / WEST MALL</small>			
HAVE YOU RIDDEN A TANDEM BEFORE?		EMERGENCY CONTACT INFO (MANDATORY)			
<input type="checkbox"/> YES <input type="checkbox"/> NO		NAME			
WHERE OR HOW DID YOU HEAR ABOUT THE CLUB:		RELATIONSHIP			
		PHONE #			
<p>IMPORTANT: As bicycles are considered Vehicles, all persons riding on the front of a club tandem must comply with Ontario Regulation 340/94. This specifies basic medical standards which must be met for the operation of a vehicle. Any person who is aware, or becomes aware of any condition that would prohibit operation of a vehicle under the regulation, is required to advise the club of such condition. (You do not need to have a driver's license, but if are or become ineligible, you should tell us.)</p> <p>Do you have any health issues we should be aware of? (E.G. EPILEPSY, DIABETES, ASTHMA, ETC.)</p> <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE SPECIFY _____					
PLEASE PROVIDE A REFERENCE IF THIS IS THE FIRST TIME YOU ARE REGISTERING WITH US.		ADMINISTRATIVE USE ONLY			
NAME		DATE: _____ AMOUNT: <u>\$50.00</u>			
RELATIONSHIP		METHOD: (CIRCLE) CASH CREDIT CHEQUE (#) _____			
PHONE NUMBER		MEMBERSHIP _____ BLAZ-A-THON _____			
(Membership or Donation is optional for volunteers)					
<p>"We are a recreational cycling club with a twist. We give people who have LIMITED or NO vision the opportunity to cycle with sighted volunteers on our tandems (bicycles built for two).</p> <p>Registered Charity #86786 4753 RR 0001</p>					



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WAIVER AND RELEASE OF LIABILITY

I, _____,

(Please print your name)

the undersigned, wishing to participate in the activities of TRAILBLAZERS Tandem Cycling Club, affirm to be in general good health, capable of the required effort, and hereby accept at my own personal risk any hazards that may occur. I hereby release TRAILBLAZERS Tandem Cycling Club, its directors, officers, servants, agents and trip organizers from any liability whatsoever for loss, damage or injury (including death) howsoever caused, which may result from my participation in the TRAILBLAZERS Tandem Cycling Club, and I declare that this release is binding upon me, my heirs, executors, administrators and assigns. I, the undersigned have read this release clause and agree that my participation in the activities of TRAILBLAZERS Tandem Cycling Club is entirely at my own risk. I agree to wear an approved helmet on all rides.

Further, full permission is hereby given to use any photographs or movies of said person taken when cycling with the TRAILBLAZERS Tandem Cycling Club.

It is further understood and agreed that a Braille reference copy of this document is available; otherwise the print copy has been read to or by all persons.

Signature: _____ Date: ____/____/____

Signature of Guardian: _____ Date: ____/____/____

(If under 18 years of age)

Witness: _____ Date: ____/____/____

IMPORTANT: Please, an original signature is required for the Waiver.

Please mail to: TRAILBLAZERS, c/o: Lynda Spinney, 7143 Delmonte Cres. Mississauga, ON L4T 3L4

(If you have not made arrangements to bring it in person to your orientation or other event.)