



TRAILBLAZERS Tandem Cycling Club

WE'RE OUT OF SIGHT

PLEASE PRINT CLEARLY				STOKER'S REGISTRATION	
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 1929 BAYVIEW		<input type="checkbox"/> EAST SHED KENNEDY SUBWAY	
<input type="checkbox"/> 16-19 <input type="checkbox"/> 20-24 <input type="checkbox"/> 25-64 <input type="checkbox"/> 65+		<input type="checkbox"/> SOUTH SHED LAKESHORE/ROYAL YORK		<input type="checkbox"/> FERRY DOCKS BAY / QUEENS QUAY	
HAVE YOU RIDDEN A TANDEM BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		EMERGENCY CONTACT INFO (MANDATORY)			
ARE YOU WILLING TO VOLUNTEER FOR THE CLUB: <input type="checkbox"/> YES <input type="checkbox"/> NOT AT THIS TIME		NAME			
		RELATIONSHIP			
		PHONE #			
ANY HEALTH ISSUES THAT WE SHOULD KNOW ABOUT FOR FUTURE OUTINGS? (E.G. EPILEPSY, DIABETES, ASTHMA, ETC.) <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE SPECIFY					
TRAILBLAZERS HOTLINE (416) 760-2700 PLEASE MAIL CHEQUE (\$50) TO: TRAILBLAZERS C/O LYNDA SPINNEY 7143 DELMONTE CRES MISSISSAUGA ON L4T 3L4			ADMINISTRATIVE USE ONLY DATE: _____ AMOUNT: <u>\$50.00</u> METHOD: (CIRCLE) CASH CREDIT CHEQUE (#) _____ MEMBERSHIP _____ BLAZ-A-THON _____		
PLEASE EMAIL INFO@TRAILBLAZERSTANDEM.ORG IF YOU HAVE FURTHER QUESTIONS.					
COMMENTS: <input style="width: 100%; height: 40px;" type="text"/>					
<p style="text-align: center;">"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 style="text-align: center;">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.)