

Tour du Canada® Membership Registration Form

Mail completed form to P.O. Box 310, Alliston, ON L9R 1V6 Canada
Or fax to 705-434-1101 / 888-814-2982 (toll free in North America)
Or send by E-mail in PDF or JPG format to sweep@TourduCanada.com
Our telephone contact numbers: 705-434-1100 / 800-214-7798



This form is for an initial membership in Tour du Canada.

Name:	Initiation Fee Amount: Cdn. \$30.00; U.S. \$30.00 €25.00.
Street:	The initiation fee provides membership for two Tour du Canada Seasons. Memberships expire at the end of October, which is the end of the club's fiscal year.
City: Prov./State:	Payment is by Cheque/Money Order <input type="checkbox"/> Or, by Credit Card <input type="checkbox"/>
Postal Code: Country:	Visa or MasterCard payments will be in Canadian dollars.
Tel. (H): M <input type="checkbox"/> F <input type="checkbox"/>	Cardholder Name:
Tel. (W): Age:	Visa or MC #:
E-mail:	Expiry: 3-Digit Security Code:
Year in which you hope to be a TDC rider: (NA, if not applicable or you don't know.)	Signature: Date Signed:

Subscribe to the Tour du Canada Network: Y N

Information on the Tour du Canada Network can be found at www.TourduCanada.com/network.htm

WAIVER AND RELEASE OF LIABILITY AGREEMENT — PLEASE READ AND SIGN THIS AGREEMENT:

In consideration of the acceptance of my application for membership in Tour du Canada I, for myself, my heirs, executors, administrators, successors and assigns hereby release, waive and forever discharge Cycle Canada, The Veloforce Corporation and/or Tour du Canada, all supporting bodies, associations, advertisers and sponsors and all of their respective agents, officials, volunteers, servants, contractors, representatives, successors and assigns of and from all claims, demands, damages, costs, expenses, actions and causes of actions, whether in law or equity, in respect of my membership.

I ACKNOWLEDGE HAVING READ THIS WAIVER AGREEMENT, FULLY UNDERSTOOD ITS TERMS
AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Signature: _____ Date: _____

FOR PARTICIPANTS OF MINORITY AGE (under age 18 at time of registration): This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the releasees from any and all liabilities to my minor child's involvement, membership or participation in these programs as provided above

Print Name of Parent/Guardian: _____

Signature: _____ Date: _____