

## Guest Liability Release

*Please read and sign below. Lack of signature will result in lack of participation.*

I understand and agree that the Niagara Freewheelers Bicycle Touring Club, St. Catharines, Ontario, makes no claim as to the safety of the route or traffic, or to the competence of the other participants. This activity will be conducted on public roads or other facilities open to the public or the Niagara Freewheelers at the time of the activity and in which the possibility of hazards exists. I am aware of the difficulty of this activity and I warrant that I have no health condition which would affect my ability to compete in this activity safely. This competence includes the fact that I understand that I am requested to and will wear an approved helmet. I further warrant that my equipment is in safe operating condition. **I understand and agree that the Niagara Freewheelers and or the Niagara Freewheelers liability insurance, members and or including directors and offices of the Niagara Freewheelers are not responsible for my personal items or personal safety and or any liability claim I may cause during my participation in this bike activity.**

I hereby release the Niagara Freewheelers Bicycle Touring Club and its members from all actions, causes of actions, claims, demands and costs for damages, loss or injury howsoever arising which may be hereby sustained by me in consequence of any relationship or activity between myself and Niagara Freewheelers Bicycle Touring Club and its members. I understand that I must use a bicycle that meets the conditions of the Highway Traffic Act and the Safety Guidelines of the NFBTC, and I agree to ride in accordance with the regulations of the Act and the Guidelines.

### PLEASE PRINT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

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### PLEASE PRINT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

## Minor Release

**For Participants Under 18**

And I, the minor's parent and/or legal guardian, understand the nature of bicycling activities and the minor's experience and capabilities and I believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releases from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releases named above, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss, liability, damage or cost which any may incur as the result of any such claim. **I understand and agree that the Niagara Freewheelers and or the Niagara Freewheelers liability insurance, members and or including directors and offices of the Niagara Freewheelers are not responsible for my personal items or personal safety (and or any liability claim if not a Freewheeler member) I may cause during my participation in this bike activity.**

### PLEASE PRINT

Parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

Minor signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

(only if participant is under the age of 18)

Date: \_\_\_\_\_





# NIAGARA FREEWHEELERS BICYCLE TOURING CLUB (NFBTC) LIABILITY RELEASE FORM

P.O. Box 23118  
 Carlton Post Office  
 St. Catharines, ON L2R 7P6  
[www.thefreewheelers.com](http://www.thefreewheelers.com)

Tour: \_\_\_\_\_

Rating: \_\_\_\_\_ Date: \_\_\_\_\_

Tour Leader: \_\_\_\_\_

**Weather**

- unpleasant (cold, rainy, foggy, etc.)**
- ride cancelled**

Deliver this completed form to the Tour Director OR to any member of the Executive.

***Please read and initial below. Lack of initial will result in lack of participation.***

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**YOU MUST BE A PAID MEMBER TO SIGN IN BELOW, OTHERWISE, SIGN IN AS A GUEST (MAXIMUM 3 RIDES AS A GUEST)**

	SIGN Member's Initials Emergency Contact #	PRINT Member's Name (if under 18, see over)		SIGN Member's Initials Emergency Contact #	PRINT Member's Name (if under 18, see over)
1				12	
2				13	
3				14	
4				15	
5				16	
6				17	
7				18	
8				19	
9					
10					
11					

**WEBSITE:** [www.thefreewheelers.com](http://www.thefreewheelers.com)

**File: Ride Liability Release Form – 2 pages- updated to Mar 10 2023**