



NIAGARA FREEWHEELERS BICYCLE TOURING CLUB

RIDE LIABILITY RELEASE FORM

Tour: _____ Rating: _____ Date: _____

Tour Leader: _____ Email completed form to membership@thefreewheelers.com

Please read and initial below in order to participate.

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 officers of the Niagara Freewheelers are not responsible for my personal items or personal safety 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.

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

	Member's Name (If under 18, see reverse.)	Member's Initials	Emergency Contact Name	Emergency Contact #
1	PRINT NAME	SIGN	PRINT NAME	
2	PRINT NAME	SIGN	PRINT NAME	
3	PRINT NAME	SIGN	PRINT NAME	
4	PRINT NAME	SIGN	PRINT NAME	
5	PRINT NAME	SIGN	PRINT NAME	
6	PRINT NAME	SIGN	PRINT NAME	
7	PRINT NAME	SIGN	PRINT NAME	
8	PRINT NAME	SIGN	PRINT NAME	
9	PRINT NAME	SIGN	PRINT NAME	
10	PRINT NAME	SIGN	PRINT NAME	
11	PRINT NAME	SIGN	PRINT NAME	
12	PRINT NAME	SIGN	PRINT NAME	
13	PRINT NAME	SIGN	PRINT NAME	
14	PRINT NAME	SIGN	PRINT NAME	
15	PRINT NAME	SIGN	PRINT NAME	

	Member's Name (If under 18, see reverse.)	Member's Initials	Emergency Contact Name	Emergency Contact #
16	PRINT NAME	SIGN	PRINT NAME	
17	PRINT NAME	SIGN	PRINT NAME	
18	PRINT NAME	SIGN	PRINT NAME	
19	PRINT NAME	SIGN	PRINT NAME	
20	PRINT NAME	SIGN	PRINT NAME	

<p align="center">Guest Liability Release</p> <p>Please read and initial below in order to participate.</p> <p>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 officers 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.</p> <p>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 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.</p> <p align="center">www.thefreewheelers.com</p>	<p align="center">Minor Release (under 18)</p> <p>Please read and initial below in order to participate.</p> <p>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 officers 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.</p> <p>PRINT</p> <p>Minor's Name: PRINT NAME</p> <p>Address:</p> <p>City: Postal Code:</p> <p>Telephone:</p> <p>Parent/Guardian: PRINT NAME</p> <p>Initials: SIGN</p>
Guest Information (Print)	Guest Information (Print)
Name: PRINT NAME Initials: SIGN	Name: PRINT NAME Initials: SIGN
Address:	Address:
City: Postal Code:	City: Postal Code:
Telephone:	Telephone:
Emergency Contact Name: PRINT NAME	Emergency Contact Name: PRINT NAME
Emergency Contact #:	Emergency Contact #: