



P.O. Box 30056, 1027 Finch Ave. W.
Toronto, Ontario Canada M3J 3L6
(Tel) 416.564.4991 (Fax) 416.783.9588
info@GreatCycling.com
www.greatcycling.com

This application contains two parts:

- 1. Personal Information – we need to know who you are and your cycling skills**
- 2. Release & Insurance Waiver**

1. Personal Information -- Registration

A. Your Name: _____

B. Your Address: _____

C. Telephone Nos: business _____ home _____

D. Email Address: _____

E. Single or Double Room: _____

F. If Double, Name of Companion: _____

Two Beds or One Double: _____

G. Do you require travel insurance or out of country medical insurance?

No: _____ Yes: _____ **

****If you require these insurances please contact Ruth Rafati at 1-800-736-1285.**



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Your Cycling Background

Offering longer distance rides in hilly terrain, our routes are designed to be interesting, scenic and fun, and especially for people who love to ride. All bike tours of any length require some preparation. With the right preparation, many recreational cyclists have enjoyed our trips. These trips are not intended for inexperienced beginners or riders who have not spent time on their bikes in training prior to departure.

What type of rider do you consider yourself (circle one): Recreational 20 to 25 kph on the flats Advanced 25+ kph on the flats	
If you currently ride with a club or team, which one?	
Have you attended cycling training courses or clinics?	
Weekly miles/kms you ride during the good weather season:	
Total outdoor miles/kms you cycled last year:	
Do you do spin classes or use an indoor trainer?	
Have you done any long rides on consecutive days?	
Ever ridden in the mountains on roads with switchbacks (u-turn type curves in the road)?	
Have you previously toured by bike?	
What type of road bike will you bring (brand and model):	

The gear of your bike is crucial to your enjoyment of your trip. What gearing will your bike have for the trip? We highly recommend a triple chain ring for intermediate riders and at least a 39x26 or equivalent for more advanced riders who are used to climbing. Please contact us if you have any questions about this.



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Medical & Health Information

Please be assured that all responses will remain confidential. Attach an additional page, if needed, to respond fully.

Date of birth _____

For the following questions, please answer Yes or No (and if Yes add any explanation your feel is necessary.)

Do you have any medical conditions that we should be aware of? _____

Are you on any medications? _____

Do you have any food allergies? _____

Any other related information we should know?

Emergency Contact Information

Name _____

Relationship _____

Address _____

Phone _____

Fax _____

I have carefully read and fully understand the contents of this Registration Form and have responded completely and truthfully.

signature

date



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**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

By signing this document you will waive certain legal rights, including the right to sue.
Please read carefully

Name _____
Complete Address _____

Phone _____
Fax _____
Email _____

To: GreatCycling.com, GreatCycling Inc. & Seven Hills Tours International Inc.
[hereinafter collectively referred to as "THE OPERATORS"]

DEFINITIONS

In this agreement, the term "cycling vacation" shall include, but not be limited to, all activities, services and use of facilities either provided by or arranged by the Operators, or in any way related to the cycling vacation, including but not limited to: orientation and instructions sessions, transportation to and from where the cycling vacation begins or ends, accommodation and recreational activities in addition to cycling on or off road, swimming, running, touring, unloading and travel in or movement around airplanes, motor vehicles and bicycles.

ASSUMPTION OF RISKS

I am aware that a cycling vacation involves risks, dangers and hazards in addition to those normally associated with riding a bicycle on or off a road, including but not limited to: road surface hazards, equipment failure, the failure to wear safety equipment, the use of inadequate safety equipment, weather conditions, impact or collision with motor vehicles, other cyclists and other objects; the failure to operate a bicycle safely or within one's own ability; negligence on my part or on the part of other parties including other cyclists; and **NEGLIGENCE ON THE PART OF THE OPERATORS OR THEIR GUIDES AND EMPLOYEES, INCLUDING THE FAILURE OF THE OPERATORS OR THEIR GUIDES AND EMPLOYEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH A CYCLING VACATION.** Cyclists may become lost or separated from their guide or group and agree that they have the ability to ride independently in such circumstances. Communication in the countryside may be difficult and in the event of accident, rescue and medical treatment may not be readily available.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH A CYCLING VACATION AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR ANY LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of **THE OPERATORS** allowing me to participate in the cycling vacation and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, **I HEREBY AGREE AS FOLLOWS:**



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- I. **TO WAIVE ANY AND ALL CLAIMS** that I have, or may have in future, against **THE OPERATORS**, and their respective directors, officers, employees, guides, agents, independent contractors, representatives, personal representatives, successors and assigns [all of whom are herein collectively referred to as the "RELEASEES"] and to **RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury [including death] that I may suffer, or that my next of kin may suffer, as a result of my participation in the cycling vacation, **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTE OR OTHER DUTY OF CARE ON THE PART OF THE RELEASEES, AND INCLUDING ANY FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH THE CYCLING VACATION REFERRED TO ABOVE AND WHICH I HAVE DECIDED TO PARTICIPATE IN.**
- II. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all property damage or personal injury caused to any third party resulting from my conduct or participation in the cycling vacation.
- III. To purchase and/or maintain out of country medical insurance coverage to cover me for the full period of time that I am out of my home state or province participating in the cycling vacation.
- IV. That this agreement shall be effective and binding upon me, my heirs, next of kin, executors, administrators, assigns and personal representatives, in the event of my death or incapacity.
- V. That this agreement and any rights, duties and obligations as between the parties to this agreement shall be governed by and be interpreted solely in accordance with the laws of the Province of Ontario, Canada.
- VI. Any litigation involving the parties to this agreement shall be brought solely in the Province of Ontario, Canada, whose courts shall have sole and exclusive jurisdiction.

By signing this document the undersigned acknowledges and agrees that he/she is not relying on any oral or written representations or statements made by the Releasees with respect to the safety of the cycling vacation, other than as set forth in this agreement.

I confirm that it is my sole decision to participate in the activities associated with the cycling vacation and that I have consulted with my physician and have been given clearance to participate in the activities.

I CONFIRM THAT I AM OF THE FULL AGE OF NINETEEN [19] YEARS AND THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENT OF THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM FULLY AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND PERSONAL REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed at the City of _____, in the Province or State of _____, on this _____ day of _____, 200____.

witness

signature of cyclist

printed name of cyclist

**THIS AGREEMENT MUST BE COMPLETED IN FULL, DATED, SIGNED AND
WITNESSED PRIOR TO PARTICIPATION IN THE CYCLING VACATION.**



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TRAVEL INSURANCE WAIVER

"All Canadians are strongly advised to arrange for medical insurance (including the provision for emergency evacuation) prior to departure from Canada"

Department of Foreign Affairs, Canada

I have been advised that the following Travel Insurance is available and understand that by signing below, I decline and waive the following insurance coverage(s):

- | | |
|---|--|
| <input type="checkbox"/> Excess hospital & medical | <input type="checkbox"/> Trip Cancellation |
| <input type="checkbox"/> Rental car damage protection (CDW) | <input type="checkbox"/> Trip Interruption |
| <input type="checkbox"/> Accidental death & dismemberment | <input type="checkbox"/> Air flight accident |
| <input type="checkbox"/> Baggage & personal effects | <input type="checkbox"/> All the above |

I also understand that any expenses incurred, while not covered by a travel insurance policy, will be my own financial responsibility. My Travel Agent / Agency has no responsibility for these possible expenses.

Date

Client Signature

Date

Agent Signature

Seven Hills Tours International Inc.
Tel. 1.800.736.1285 Fax. 705.361.3918
20 Grant Avenue, Elmvale, Ontario, Canada L0L 1P0
Registration #2611965 GST #104807326