

Bicycle Trek for Life & Breath

September 11 & 12, 2010

General Information

Title	First Name	Last Name
Address	City	Postal Code
Home Phone	Work Phone	E-Mail
Employer	Position	

Male Female Date of Birth (M/D/Y): _____ Age as of Sept 11th 2010: _____

You must be over 16 to participate. If you are between 16-19 as of Sept. 11th, 2010, you must be accompanied by a parent or guardian. Please indicate:

Name of Parent/Guardian: _____ Relationship: _____

Health Information

Medical Services Plan # _____

(Note: you are responsible for providing your own medical insurance while participating in Bicycle Trek 2010)

Please list any allergies or medical conditions we should be aware of, including related medications:

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Food and Accommodation

Friday, Sept. 10, Hazelmere Campground, 5-8pm: There will be an optional pre-Trek barbeque. Campsites and parking will be available at a reduced rate. You must bring your own tent or vehicle to sleep in.

- Yes, I will stay at Hazelmere on Friday night
- Yes, I will attend the pre-event barbeque

Saturday, Sept. 11, Stillwood Campground: I prefer to sleep:

- In my own tent
- In a single-sex dormitory

If possible, I would like to share my dorm with: _____

Sunday, Sept. 12, Hazelmere Campground, 1-5pm: There will be an optional post-Trek barbeque.

- Yes, I will attend the post-event barbeque
- No, I am not planning to attend

(Please Turn Over)

Recruitment Information

Have you participated in Trek before?

- Yes. How many times (including 2010)? _____
- No. How did you hear about the event? Brochure Television Radio Poster
 Newspaper Former Participant (name) _____
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Bike Information

What make and model is your bike? _____

What type of bike will you ride? Road Mountain Hybrid Recumbent
How many speeds? 15 18 21 24 Other _____
What year is your bike? _____ Size of bike in inches: _____

Team Information (minimum of 4 people)

Team name: _____

Clothing Information

Bicycle Trek T-shirt size: S M L XL XXL
Bicycle Trek Jersey size: S M L XL XXL
(for those participants who aim to raise \$1000 or more)

Payment Information

A \$25 registration fee is applicable. Please indicate your payment method:

- I have enclosed a cheque payable to the BC Lung Association
 Visa Mastercard Cash

Card number: _____ Expiry: _____

Signature: _____

You will be sent an official receipt book to start collecting donations, a letter to acknowledge your participation, and further information on the Bicycle Trek for Life & Breath. You are required to raise a minimum of \$425 in donations prior to Sept. 11, 2010.

Confirmation and Limitation of Liability

The undersigned, in registering to be a participant in the Bicycle Trek for Life and Breath (referred to as "Trek 2010"), to be conducted September 11 & 12, 2010, by the British Columbia Lung Association, hereby confirms and agrees as follows:

- I acknowledge that Trek 2010 will require strenuous physical activity and endurance and confirm that I am physically fit and will have trained sufficiently to participate. The BC Lung Association reserves the right to restrict your participation in the case of medical issues that would affect your safety.
- I agree to observe all the rules of the road and to act in such a way as to be responsible for my own safety at all times during Trek 2010.
- I grant full permission to the B.C. Lung Association to use any likeness of me participating in any Trek 2010 activity without obligation or liability to me.
- In consideration of the acceptance of my registration to Trek 2010, and on behalf of my dependents, heirs and any representatives, I release and discharge the B.C. Lung Association and any and all sponsors of Trek 2010 and their directors, officers, agents and employees (collectively referred to as the "organizers"), jointly and severally and hold and save them harmless from any and all actions, claims, demands, liabilities, loss, damage, injury or expense of any kind, including lawyer's fees which may result by reason of my participation in any activity related to or arising from Trek 2010, whether resulting from the negligence of the organizers or otherwise.
- I certify that, unless indicated otherwise by the signature of my parent or guardian below, I will be at least 19 years old on Sept. 11, 2010.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(if participant is 16-19 years old)

Please mail this form to:

Bicycle Trek, BC Lung Association, 2675 Oak Street, Vancouver, BC, V6H 2K2
fax: 604-731-5810 phone: 604-731-5864 or 1-800-665-5864
web: www.bc.lung.ca e-mail: trek@bc.lung.ca