

Registration Form

TWO WHEEL VIEW - CALGARY



Today's date: Month _____ Day _____ Year _____

First Name: _____ Last Name: _____

Gender: Male Female Age: _____ Date of birth: Month _____ Day _____ Year _____

Community: _____ How long have you lived in this community? _____

Address: _____ Postal code: _____

Home phone: _____

Email address: _____

School attended: _____ Grade: _____

How did you hear about this program? _____

What language does your family speak most often at home? _____

Where were you born? _____

If you were not born in Canada, how old were you when you came to Canada? _____

What is your ethno-cultural background? _____

This personal information is being collected under the provisions of the Personal Information Protection Act, SA 2003 c. P-6.5. Submission of the registration form indicates your consent to the collection, use, and disclosure of personal information by [Agency] for the purpose of program evaluation.

REQUIRED INFORMATION FROM PARENT/GUARDIAN:

I give my permission to allow:

My child(ren) to participate in surveys for program evaluation. Yes No

The program evaluator to contact me for feedback about the program for the purpose of program evaluation. Yes No

Photos taken of my child(ren) during TWO WHEEL VIEW activities to be used for media and promotional purposes. Yes No

Parent/Guardian Name (please print):

Signature:

Relationship to child: _____

Telephone: _____ Date: _____, 20____

List the persons we should call in case of an emergency. We will try to contact them in the order that they are listed below.

1. _____

Name	Relationship	Daytime Phone	Evening Phone
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2. _____

Name	Relationship	Daytime Phone	Evening Phone
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Release, Acceptance of Responsibility and Acknowledgment of Risks

THIS FORM MUST BE READ, COMPLETED IN FULL, SIGNED AND GIVEN TO THE PROGRAM LEADER BEFORE THE PARTICIPANT MAY GO ON A TRIP OR PARTICIPATE IN PROGRAM ACTIVITIES.

EXPRESS ASSUMPTION OF RISK, RELEASE, INDEMNIFICATION AND COVENANT NOT TO SUE AGREEMENT

In consideration for the services of Two Wheel View - Calgary Ltd., its trip leaders, officers, agents, and volunteers (collectively referred to herein as "TWV"), I, on behalf of myself and/or as the parent or guardian of the minor child participating in the TWV activity, and our heirs, agree as follows:

I understand and am aware that bicycle mechanics and biking on and off road including mountain biking and related activities including, among others, use of tools, equipment such as camp stoves, campfires, knives, tents, backpacks, and bicycles (referred to herein as "Activity"), and transportation to and from such Activity, are HAZARDOUS ACTIVITIES involving INHERENT AND OTHER RISKS of injury to any and all parts of the body. I further understand that injuries in the Activity are a COMMON AND ORDINARY OCCURRENCE, and I have made a voluntary choice for myself and/or the minor child listed below to ACCEPT AND ASSUME ALL RISKS OF INJURY OR DEATH that might be associated with or result from this Activity.

To the fullest extent allowed by law, I agree to RELEASE FROM LIABILITY, and to INDEMNIFY AND HOLD HARMLESS Two Wheel View - Calgary Ltd. and the Leaders from any and all liability on account of, or in any way resulting from, personal injuries, death or property damage, even if caused by NEGLIGENCE, in any way connected with this Activity. I further AGREE NOT TO MAKE A CLAIM OR SUE FOR INJURIES OR DAMAGES RELATING TO THIS ACTIVITY, even if caused by NEGLIGENCE. I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, the balance shall continue in full legal force and effect. I agree that no oral representations, statements or inducements apart from this Agreement have been made.

AUTHORIZATION FOR FIRST AID AND MEDICAL TREATMENT

I recognize that medical or dental care may be necessary for myself and/or my minor child. I AUTHORIZE TWO WHEEL VIEW - CALGARY LTD. AND THE PROGRAM LEADER(S) TO RENDER FIRST AID OR EMERGENCY CARE, within the scope of the certification of the program leader(s). In addition, I authorize the Program Leaders to call for medical or dental care for myself and/or my minor child if, in the opinion of the Program Leaders, medical or dental care is needed. I AGREE TO PAY FOR ALL EXPENSES AND COSTS ASSOCIATED WITH SUCH CARE AND RELATED TRANSPORTATION. In addition, I hereby authorize and consent for any x-ray examination, anesthetic, medical, dental or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency staff and/or dentist currently licensed by the Province in which treatment is given and the staff of any acute general hospital holding a current license to operate a hospital from the Province of Alberta or the equivalent agency in another Province. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the physician in the exercise of his best judgment may deem advisable. It is understood, medical condition allowing, that effort shall be made to consult the undersigned prior to rendering the treatment to the patient, but that any of the above treatment will not be withheld if the undersigned is incapacitated or cannot be reached.

I HEREBY ACKNOWLEDGE THAT ALL THE INFORMATION I HAVE PROVIDED ON THIS AGREEMENT IS TRUE, CORRECT AND COMPLETE. I AGREE TO UPDATE THIS AGREEMENT AS NECESSARY. I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ, UNDERSTOOD AND ACCEPTED EACH OF THE ABOVE PROVISIONS, AND VOLUNTARILY SIGNED THIS AGREEMENT.

[NAME OF PARTICIPANT]

[AGE]

[NAME OF PARENT/GUARDIAN OF MINOR PARTICIPANT]

Date: _____

[SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN OF MINOR PARTICIPANT]

PARTICIPANT'S EMERGENCY MEDICAL INFORMATION

This information may be used for more than one program. You must inform the program leader if any of this information changes.

1. Allergies to drugs, foods, insect bites, _____

2. List all medications for which the participant currently holds a prescription and indicate which ones the participant will be taking during program(s): _____

3. List all medical conditions of which the trip leader should be aware or which may affect the participant's ability to participate in activities (such as asthma, heart disease, diabetes or neuromuscular or skeletal impairment): _____

Family Physician: _____
(Name) (Address) (Phone)

Insurance Company: _____ Alberta Health ID Number: _____