



Name (official): \_\_\_\_\_ Trip/Date: \_\_\_\_\_

**TERMS AND CONDITIONS**

Two Wheel View – Calgary, Two Wheel View, Inc., and Ça Roule por Moi (TWV) are established in Calgary, Alberta; Montreal, Quebec, Canada and St. Paul, Minnesota USA. The organization offers bicycle education and bicycle trips for youth and adults. TWV will make every reasonable effort to ascertain that: the TWV staff and volunteer leaders are fully trained and qualified; trip participants under the age of 18 will be adequately supervised; and any equipment made available by TWV or used in an activity has been inspected and is deemed to be appropriate, safe, and well maintained.

TWV expects participants to be enthusiastic, cooperative and appreciative of the opportunities afforded to them through our program. Activities sometimes operate under difficult and challenging conditions and TWV expects participants to be cooperative and attentive at all times. The use of illegal drugs, tobacco, and underage consumption of alcohol is strictly forbidden.

In consideration for the services of TWV, its employees, leaders, officers, agents, and volunteers (including but not limited to school districts, municipalities, churches, clubs, campgrounds, sponsors, chaperones, local guides and any employee, their heirs, administrators, agents or associates thereof), 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, 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 registered to ACCEPT AND ASSUME ALL RISKS OF INJURY OR DEATH that might be associated with or result from this Activity. I understand that TWV reserves the right to remove any participant at any time without any refund if the applicant violates any law, deviates from the program or trip itinerary, endangers the lives of other participants or their own life, or consistently disregards leader's instructions.

I recognize that medical or dental care may be necessary for me and/or my minor child. I AUTHORIZE TWV and LEADER(S) TO RENDER FIRST AID OR EMERGENCY CARE, within the scope of the certification of the leader(s). I agree to notify the leader, and consent to and permit emergency medical treatment. In addition, I authorize TWV to call for medical or dental care for myself and/or my minor child if, in the opinion of TWV, medical or dental care is needed.

I hereby release and discharge TWV from any and all liability, causes of action, suits, debts, contracts, agreements, claims and demands whatsoever as a result of my participation in a TWV 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.

**CANCELLATIONS** You may cancel your participation on the trip at any time. TWV asks, however, that you do not apply unless you are confident in your attendance on the dates and destination outlined in the trip details. It is important for you to know that cancellations are costly to TWV because we begin making arrangements for your trip as soon as you confirm your participation. Once you are confirmed on a trip by TWV, your trip deposit is non-refundable. Notification of cancellation must be made to TWV in writing. When TWV receives a written cancellation, a cancellation fee may apply to cover the expenses and costs incurred by TWV due to the cancellation. The amount of the cancellation fee is determined by the number of days prior to the trip start date that the written cancellation notice is received. (If applicable) Any donations received on your behalf as part of your fundraising program will not be refunded to the donor, however, you may be allowed to count completed fundraising efforts toward a future trip.

If you cancel your trip at least 30 days prior to the trip start date TWV will refund all fees paid minus deposit and airfare (if applicable). Airfare is not included within this cancellation policy. Refunds for airfare will be based upon the amount you or TWV is able to recover from airlines, vendors and operators. If you cancel your trip 30 days or less prior to the trip start date TWV will not issue a refund – no refund.

TWV may cancel the trip at any time. TWV may unilaterally void a trip registration at any time before departure if it feels you are not abiding by the terms of the Terms and Conditions Agreement. If TWV cancels a trip, we will refund all fees paid to TWV, including the deposit (however, any donations received on your behalf as part of your fundraising program will not be refunded to the donor). If the trip is cancelled because of an act of war, an act of God or terrorism, or because TWV determines the scheduled trip is no longer feasible or safe, you can choose one of the following options: 1. Accept our offer of a placement on a future trip (if available), or 2. Request a refund of the money you personally contributed. Your decision about which option you accept must be made as soon as possible after we notify you and in any event no later than forty-eight (48) hours after our giving such notice, unless a longer period is mutually agreed.

**REFUNDS:** Refunds will be issued within 45 days of trip cancellation. (If applicable) Participants are responsible for contacting their travel/trip cancellation insurance provider for information on refunds for cancellation fees incurred. If the reason for cancellation falls within the terms of his/her travel/trip cancellation insurance policy then the provider will normally refund any cancellation fees to the participant.

**I Give My Permission to Allow**

Two Wheel View to conduct surveys for program evaluation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Two Wheel View to contact me by email to provide program updates, newsletters and events.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Two Wheel View to use my name, photographs, motion pictures, recordings, evaluations or any other record of my participation in a TWV program(s) for any promotional purposes, without obligation or liability to me.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**I have read and understand the above information, and I certify my compliance by signing this Agreement.**

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of parent or guardian of minor

\_\_\_\_\_  
Signature of parent or guardian of minor

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 Two Wheel View for the purpose of program coordination and evaluation.

Please Send Completed Form to: **Two Wheel View**  
 in CANADA: #205, 223 - 12th Ave SW - Calgary, AB T2R 0G9 in USA: 9658 Gander Lane - Minnetrista, MN 55375  
 SCAN/E-MAIL: trips@twowheelview.org FAX: (831) 302-5964 Telephone: (403) 870-7433



**IMPORTANT:** To the participant and the parent(s)/guardian planning to participate on a Two Wheel View bicycle trip.

It is extremely important that you disclose all of your medical history to the medical professional who will be performing your medical evaluation, even if you do not believe that your condition might create a problem for you while on a trip. Individuals with known and ongoing medical or mental health conditions must take special precautions in preparing for and managing their situation if accepted to the Two Wheel View trip program.

Two Wheel View requires this Medical Evaluation to be completed before acceptance on any Two Wheel View bicycle trip. This information will be kept confidential in accordance with the law. If accepted to the program, this information may be disclosed with program leaders and staff with the highest level of discretion to protect your privacy.

Name (official): \_\_\_\_\_ Trip/Date: \_\_\_\_\_

**I agree to make true and accurate statements regarding my health to the examining Physician/Health Practitioner:**

Participant Signature: \_\_\_\_\_

Signature of Parent or Guardian of Minor \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:**

To the Physician/Health Practitioner conducting the Medical Evaluation. **Physician/Health Practitioner must be licensed in the U.S. or Canada and cannot be an immediate family member.**

The person named above has applied to participate on a Two Wheel View bicycle trip. If accepted to the program, they will spend 3-days to two weeks with a group of eight to 14 other group members including youth and adults. Two Wheel View expects participants to be enthusiastic, cooperative and appreciative of the opportunities afforded to them through our program. Trips sometimes operate under difficult and challenging conditions, and Two Wheel View expects participants to be cooperative and attentive at all times.

The Two Wheel View trip program is a very active, physically and emotionally demanding program that requires both emotional and physical strength and maturity. Traveling by bicycle in a new environment frequently creates unexpected physical and emotional stress, which can exacerbate otherwise mild health conditions. It is important that all participants are able to adjust to potentially dramatic changes in climate, diet, and living and traveling conditions that may be seriously disruptive to accustomed patterns of behavior.

Essential eligibility requirements for a Two Wheel View trip:

- Ability to ride a bike three to five hours a day for 3-days to two weeks covering a distance of 30 to 50 miles a day.
- Ability to ride a bike that is loaded with 35 to 50 pounds of equipment.
- To be enthusiastic, cooperative and work in a team environment.
- To follow all applicable rules, policies and guidelines of Two Wheel View.
- To participate in group activities and provide verbal and/or written feedback to staff and group.

For more information about this form or for details about the Two Wheel View trips please contact:

**TWO WHEEL VIEW**

Email: [trips@twowheelview.org](mailto:trips@twowheelview.org)

Phone: (403) 870-7433

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**PHYSICIAN/HEALTH PRACTITIONER EVALUATION**

Name of Participant: \_\_\_\_\_

Yes _ No _	1. Does the student have any recent continuing health problems? (If yes, please explain)
Yes _ No _	2. Does the student have any existing health conditions that may require treatment during the period of the program? (If yes, explain the condition and what treatment may be required)
Yes _ No _	3. Is the student currently being treated or have they been treated within the past five years for a mental health condition? (If yes, please explain)
Yes _ No _	4. Does the student have any drug or food allergies? (If yes, please describe reaction)
Yes _ No _	5. Is the student taking any prescription medications? (If yes, please explain)
Yes _ No _	6. Is there any additional information that would be helpful for the program to be aware of? (If yes, please explain)
Yes _ No _	7. Does the student have any conditions that will require special accommodations while on this program? (If yes, please explain)

**NOTE TO PHYSICIAN:**

The Two Wheel View trip program will be a demanding experience from several points of view. Over the duration of the trip, there will be increased physical and emotional stress as participants are exposed to new climates, cultures and group environments. In your opinion, is the above-named person physically and mentally fit to participate?

Recommendation of examining physician (please indicate by checking the appropriate statement)

- \_\_\_\_\_ Medically fit for a Two Wheel View bicycle trip program.
- \_\_\_\_\_ Medically fit for a Two Wheel View bicycle trip program but with limitations (please describe limitations)
- \_\_\_\_\_ Not medically fit for a Two Wheel View bicycle trip program.

<p><b>Certification:</b>                  This is to certify that I have examined the above individual and found the individual to be fit /not fit for a Two Wheel View bicycle trip program as indicated above.</p> <p>Physician/Health Practitioner: _____ Date: _____</p> <p>Signature: _____</p> <p>Address: _____ City: _____ Zip/Postal Code: _____</p> <p>Telephone: _____</p>
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**Emergency Contacts**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

**Health Information**

Dietary restrictions or allergies: Do you have dietary restrictions or allergies?  Yes  No, please describe: (if Vegetarian provide details - milk, eggs, vegan)

Physical or Mental Health Conditions: List all medical conditions of which TWV should be aware or which may affect your ability to participate in activities (such as asthma, heart disease, diabetes, ADD or ADHD). Will you be taking any prescription medications?  Yes  No (If yes, please explain)

**Health/Medical Insurance Information**

Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_

Do you have Emergency Medical / Trip Cancellation / Trip Interruption Insurance  Yes  No.

If yes, please send a copy of your policy or a copy of your benefits card. (Depending on the product, a travel insurance policy can protect you if your baggage is lost, if you become sick or injured, or are forced to cancel your trip)

Please provide any additional information you would like Two Wheel View to know about you.

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