

French Canada Tour 2024

Sunday August 4th through Monday August 12th

Please completely fill out and sign the registration form and waiver then send both to:

Gear-To-Go Tandems
1 Dahinda Rd
Saranac Lake, NY 12983-2359

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Total cost per couple is \$4600
Deposit of \$600 to hold your spot
The deposit is refundable except for \$300 up to June 1st

The Balance of \$4000 is due on June 1st

Cancellations after June 20th are subject to a 50% fee if we cannot fill your spot

Please make checks payable to "**Gear-To-Go**"

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Participant Info:

Captain

Stoker

Name: _____

Name: _____

Address: _____

Address: (If Different) _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Phone: _____

Phone: _____

E-Mail: _____

E-Mail: _____

Emergency Contact:

Emergency Contact:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Tandem make: _____

Model: _____ Year: _____

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Please completely fill out and sign the forms send both to:

Gear-To-Go Tandems, 1 Dahinda Rd, Saranac Lake, NY 12983-2359

Waiver - Release from Liability

I do hereby (for myself, my heirs, and executors) waive all rights and claims for damages which I may have against, and release and indemnify, Gear To Go, Inc., Richard Shapiro, Melinda Ellis, and/or any other personnel associated with the French Canada Tour, of and from any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to attorney's fees and disbursements relating to or arising out of my participation in the French Canada Tour. I accept the risk of bicycle touring and do hereby agree that I participate in this event at my own risk. I understand that this release and indemnity agreement includes any claims based on the negligence, action, or inaction of any of the above released parties and covers bodily injury and property damage, suffered by me, during, or after the rally. If I should suffer injury or illness, I authorize the officials of the ride to use their discretion to administer first aid and/or have me transported to a medical facility, and I take full responsibility for this action. I attest and verify that I am physically fit and hereby grant full permission to use any photographs of this event for any purposes whatsoever.

I have read and understand the above release and indemnity.

Print Name _____

Signature _____ Date _____

Print Name _____

Signature _____ Date _____
