French Canada Rivers & Lakes Tour 2025

Sunday July 12th through Monday July 20th

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 Total cost per couple is \$4500 Deposit of \$600 to hold your spot The deposit is refundable except for \$300 up to May 17th The Balance of \$3900 is due on May 18th Cancellations after May 30th are subject to a 50% fee if we cannot fill your spot Please make checks payable to "Gear-To-Go" Combined age of team at tour start: _____ Participant Info: Captain Stoker 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:

Model: _____Year:

Tandem make: _____

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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 Thousand Islands 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 Thousand Islands 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