



# 2018 SPEEDY REGISTRATION

Register for The MACA Ride to Conquer Cancer® benefiting Harry Perkins Institute of Medical Research.

## GENERAL INFORMATION

Rider  Crew Member

**SELECT YOUR JERSEY STYLE**

**SELECT YOUR JERSEY SIZE**

**ARE YOU A...**

- Men's cut  
 Women's cut

- XS  XL  
 S  XXL (men's only)  
 M  XXXL (men's only)  
 XXXXL (men's only)

- Team Member  
 Team Captain

What is your team name  
 (if forming a new team or joining an existing team)

First Name \_\_\_\_\_ Initial \_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## REGISTRATION FEE

Please submit your non-refundable, non-transferable registration fee with this form. This fee does not apply toward your fundraising commitment and is not tax receiptable. Please do not send cash.

**Personal Cheque** Please make cheques payable to: The Ride to Conquer Cancer.

**Credit Card** Card Number                      Exp

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_  Visa  Mastercard  Amex

Kick start your fundraising by donating to yourself! The level you donate will probably be what most people match so aim high! Enter an amount here \_\_\_\_\_  
 Or select:  \$100  \$200  \$500  \$1000  \$2500

## WAIVER AND RELEASE OF LIABILITY (Please read and sign below.)

I wish to participate in The MACA Ride to Conquer Cancer® benefiting the Harry Perkins Institute of Medical Research, scheduled to take place on 15-16 October, 2018 as well as various pre- and post-event activities (including, without limitation, one or more training rides) (the "Event") and I agree to abide by all rules, regulations, and event instructions of the Event, as well as all applicable municipal and provincial laws and regulations.

I understand that participating in such an event, using public streets and facilities, and the use of and participation in services made available to participants during the Event (including massage, chiropractic, and medical services) is a potentially hazardous activity and can result in serious personal injury or death. I am aware of and expressly assume all risks associated with participating in this Event, including, without limitation, falls, contact with other participants, objects, bicycles and vehicles, the effects of weather, traffic, and the conditions of the streets and routes used by the Event, and I assert that my participation in this Event is voluntary.

In consideration for being permitted to participate in this Event, I, for myself and for anyone entitled to act on my behalf, hereby waive and release, from any and all claims for injuries and damages I may have arising out of the Event or my participation in the Event, the MACA Ride to Conquer Cancer, CauseForce, Inc., [CauseForce Australia, Inc.], the Harry Perkins Institute of Medical Research the city of Perth, the State of Western Australia, MACA Inc., any beneficiaries, sponsors, officials, participating clubs, communities, organisations, friends of the Event, Riders, Crew Members, consultants, participants, third-party vendors, government or public entities (including, without limitation, the Department of Transportation), and each of their respective affiliates, successors, officers, directors, employees, volunteers, agents, and representatives, including, without limitation, the Event medical sponsor, medical director, and members of the medical team.

**I intend by this Waiver and Release, in advance, to waive my rights, to covenant not to sue to release for future claims, and to discharge all of the persons and entities mentioned above, from any and all loss or damage, including, but not limited to claims for damages for death, personal injury or property damage that I may have, or which may hereafter accrue to me, as a result of my participation in all or any portion of this Event, even though that liability may arise from negligence, carelessness, or recklessness (whether simple or gross) on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained, or controlled by them or because of their possible liability without fault.**

I understand and agree that this Waiver and Release is binding on my heirs, assigns, and legal representatives.

I attest that I am physically capable of, and have sufficiently trained for, completing each respective element of this Event. If I am aware of or under treatment for any physical infirmity, disorder, ailment, or illness, my medical care provider

has been apprised of, and has approved of, my participation in this Event. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I consent to receive medical treatment which may be advisable in the event of illness or injuries suffered by me during this Event, and I agree to pay for the costs of any such medical treatment.

I agree that my participation in the Event is subject to the sole discretion of the organisers of the Event, and that my participation may be limited or terminated, with or without cause.

I represent and warrant that I will be at least 16 years old at the time of the Event. If I am under the age of 18, I understand I MUST have a guardian accompany me on the Event as a fellow registered participant.

I understand that all donations processed by The MACA Ride to Conquer Cancer donation office are non-refundable and non-transferable, even if I do not participate in the Event. I further understand that my registration fee is non-refundable, non-transferable, does not apply toward my fundraising commitment, and is not tax deductible.

If I am a Rider, I understand that I must raise \$2,500 to ride the event. If I have not raised the minimum before 15 October, 2016, I may make my own donation to reach that minimum in order to ride.

I give permission to the MACA Ride to Conquer Cancer, CauseForce, Inc., Harry Perkins Institute of Medical Research, and each of their respective affiliates, subsidiaries and agents, for the free use of my name, photograph, voice, or likeness, in any broadcast, telecast, advertising promotion, or other account of this Event or marketing or promotion for future or similar events, and waive any rights of privacy I may have in that regard, and I understand and consent that I will periodically be receiving communications related to my participation in the Event.

THIS WAIVER AND RELEASE SHALL BE INTERPRETED AND THE RIGHTS OF THE PARTIES DETERMINED UNDER THE LAWS OF THE STATE. THE COURTS SHALL HAVE EXCLUSIVE JURISDICTION FOR ANY DISPUTE ARISING UNDER, OR PERTAINING TO, THIS WAIVER AND RELEASE.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a binding contract between myself and the persons and entities mentioned above, and I sign it of my own free will. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Waiver and Release freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of participant (or guardian if participant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY Team Name \_\_\_\_\_