

Registration Form

Visit www.bike4betty.com to register and fundraise online OR complete the form below. One form per individual.

Mrs. Ms Miss Mr. Dr.

Name: _____

Address: _____

City: _____

Prov.: _____ Postal Code: _____

Home Telephone: _____

Business Telephone: _____

E-Mail: _____ Sex: ___ Age: ___

Where did you find this brochure?

Select your route

I am participating in the:

- 2k Mini-Ride 75k Road Bike
 15k Family Ride 100k Road Ride
 30k Family Ride Yoga

Register and Submit Fee

Individual **\$40**
PLUS minimum \$150 in pledges

Child (under 12) **FREE** *with registered parent*
Requires minimum \$50 in pledges

75k and 100k Individual Riders **\$40**
Requires minimum \$200 in pledges

New for 2010! Team Challenge

10-30 person team **\$500**
30+ person team **\$1,500**

PLUS minimum \$150 in pledges per person
(all team members must complete individual registrations – photocopy form for team registration)

Team Name: _____

Team Captain: _____

Payment Methods

Cheque
(Payable to Trillium Health Centre Foundation)

Cash (Please do not mail)

Visa MasterCard Amex

Credit Card Number: _____

Exp. Date: _____ / _____

Name on card (*please print*): _____

Signature _____

Donate to Bike 4 Betty

Registration Fee \$ _____

Total from Pledge Form(s) \$ _____

Your Additional Donation \$ _____

Total Amount Submitted*\$ _____

*Official tax receipts will be issued for donations of \$25 or more.

Thank you for Giving 110%

Please read and complete the 2010 Bike 4 Betty Agreement, Release and Indemnity

In consideration of the acceptance of my application and the permission to participate as an entrant, competitor, observer or spectator in the 2010 Bike 4 Betty on Sunday May 30, 2010. I for myself, my heirs, my parents or legal guardian, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Trillium Health Centre, Trillium Health Centre Foundation, The City of Mississauga, The Peel Regional Police Service, and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, successors and assigns, OF AND FROM ALL claims, suits, debts, losses, obligations, judgments, charges, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event AND NOTWITHSTANDING that same may have contributed to or occasioned by the negligence of the aforesaid. By participating in the Trillium Health Centre Bike 4 Betty, I consent the use of my photograph, without compensation, in any future publicity carried out by Trillium Health Centre Foundation.

I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event.

BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREE TO THE ABOVE AGREEMENT, RELEASE AND INDEMNITY. I WARRANT that I am physically fit to participate in this event.

Date _____

Name _____

Signature _____

Trillium Health Centre Foundation
Charitable Business No. 119 245 678 RR0001

Privacy Note: Trillium Health Centre Foundation respects your privacy and we protect your personal information. We do not rent, sell or trade our mailing lists. The information you provide will be used to keep you informed of the Foundation's activities. If you would like to be removed from our contact list please call us at (905) 848-7575 or email thcfprivacy@thc.on.ca, and we will gladly accommodate your request.