

Cyclepath Kelowna 2024 Release Waiver

I understand the conditions of these events and am aware that I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against Cyclepath Kelowna Inc:

General Release and Waiver

I am aware that these rides and events involve many inherent risks, dangers and hazards, I fully accept and assume all such risks, dangers, and hazards and the possibility of personal injury, death, property damage or loss resulting therefrom. In consideration of Cyclepath Kelowna Inc. providing these events for my use, I hereby agree as follows:

a) To waive any and all claims that I have or may have in the future against Cyclepath Kelowna Inc., other event sponsors, their Directors, Officers, Employees, Guides and Representatives (all of whom are hereinafter referred to as the "Releasees").

Initial here to confirm you have read and understood the above paragraph

b) To release the Releasees from any and all liability for any loss, damage, injury, or expense that I may suffer or my next of kin may suffer as a result of my use of the facilities or services due to any cause whatsoever, including negligence, breach of contract, or any breach of any statutory or other duty of care.

Initial here to confirm you have read and understood the above paragraph

c) Hold harmless and indemnify the Releasees from any and all liability for any damage to property of or personal injury to any third party resulting from my use of or participation in the services offered by the Releasees.

Initial here to confirm you have read and understood the above paragraph

d) This agreement should be effective and binding on my heirs, next of kin, executors, administrators, assigns, and representatives in the event of my death or incapacity.

Initial here to confirm you have read and understood the above paragraph

In entering into this agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this agreement.

Initial here to confirm you have read and understood the above paragraph

The Personal Information We Need From You To Ensure This Release and Waiver Is Legally Binding. Please Complete in Full.

I am 19 years of age or older

I am younger than 19 years and my guardian has signed this form on my behalf

Participant or Guardian Name and Surname: _____

Address: _____

* Your address is required for our insurance purposes. We do not sell this information or share it for purposes other than in the event of an insurance claim.

Information You Can Give Us To Help Your Season Run Smoothly (Optional Form)

Which rides will you be joining in 2024? (Please Circle)

Tuesday Group MTB
Rides

Thursday Ladies Road
Ride

Do you want to receive email updates from us about group rides? (You will not be automatically subscribed to our monthly newsletters. You will only receive updates about the rides (eg. if it's cancelled))

Yes / No (Please circle)

Email address: _____

Do you wish to subscribe to our store's monthly email? We share information about upcoming events and sales, as well as biking tips, news, and updates (You can opt-out at any time)

Yes / No (Please circle)