



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

Notice: This entry blank and release form is a contract with legal consequences. Read it carefully before signing.

I hereby freely agree to and make the following contractual representations and agreements: I acknowledge that cycling is an inherently dangerous sport and fully realize the dangers of participating in this bicycle event, and I fully assume all the risks associated with such participation. I understand these risks include, by way of example and not limitation, collision with pedestrians, spectators, vehicles, other riders, and fixed or moving objects; the dangers arising from surface hazards, equipment failure, inadequate safety equipment, and weather conditions; property damage or loss; the dangers of traveling to and from cycling events; and the possibility of serious physical and/ or mental trauma or injury associated with athletic cycling participation. I agree to wear a proper helmet, ride mindfully and carefully, and obey all rules of the road when participating with Tailwind Touring. I am aware that it is my responsibility to monitor my physical condition, eating and drinking sufficient fluids. I hereby waive, release and forever discharge for myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (hereinafter collectively referred to as "successors"), any and all rights and claim, including those for negligence, which I have or which may hereafter accrue to me against Tailwind Touring or any representatives of Tailwind Touring. I accept sole responsibility for conditions and adequacy of my riding equipment, and take responsibility for properly responding to road conditions.

I or my successors shall be liable for the expenses (including legal fees) incurred by the above mentioned parties in defending, unless they are adjudged liable on such claim for willful or wanton negligence. This agreement may not be modified orally.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS AN ASSUMPTION OF RISK, WAIVER OR LIABILITY; THAT IT FORMS A LEGAL CONTRACT, AND I SIGN OF MY OWN FREE WILL.

Print Name: _____

Health Insurance Provider (Health Insurance is strongly advised for tours outside Canada.):

Signature _____

Date _____

Please return this signed document for every participant to:
Tailwind Touring 1202 Owen Court, Oakville, ON, L6H 1V3, Canada
Phone (905) 842-8861 Cell: (905) 466-5230 Email: info@tailwindtouring.com