REGISTRATION FORM MAISON DES GREFFÉS LINA CYR BIKE CHALLENGE JULY 12 & 13 ,2024



Registration fee MANDATORY: 100\$	This payment must be made at the time of registration in one payment. Registration fees for the Lina Cyr Bike Challenge are non-refundable.
Cost of the event : \$950 per cyclist	Your registration can be transferred to another rider no later than 45 days before the event. The rider who wishes to transfer his or her registration must send the complete information of the new rider to the following email address : <u>karine.villeneuve@maisondesgreffes.com</u>

INDENTIFICATION (*REQUIRED FIELDS)

NAME :	
ADDRESS :	
PHONE NUMBER :	
E-MAIL:	

REGISTRATION FEE 100\$ (*REQUIRED FIELDS)

Payment methods																		
1. By credit card :				VISA						\bigcirc	mastercar	d						
															Exp.:			
Signature: Cheque herewith please send us an invoice																		
2.By cheque, payable to : «La Maison des greffés Lina Cyr» to the following address:																		
1989, Sherbrooke Street East, Montreal, (Quebec) H2K 1B8																		
3. Payment online at the following website address: https://maisondesgreffes.com/																		

4. By phone at 514-527-8661



TO REGISTER, 3 OPTIONS ARE AVAILABLE:

- 1. Secure registration on our website at : https://maisondesgreffes.com/
- 2. Return the completed form by email to : karine.villeneuve@maisondesgreffes.com
- 3. Return the completed form with the cheque made out to La Maison des greffés Lina Cyr to 1989, Sherbrooke Street East, Montreal, (Quebec) H2K 1B8

RIDER JERSEY'S (*REQUIRED FIELDS)

 XXS
 XS
 S
 M
 L
 XL
 XXL
 XXXL
 XXXL

 Man
 Woman

In order to ensure that you get your cycling jersey with the logo of the Lina Cyr Bike Challenge and its partners jersey, your jersey size must be sent no later than 45 days prior to the event to the following email address : <u>karine.villeneuve@maisondesgreffes.com</u>

**Please refer to the jersey chart on the website to choose the right size.

**Please note that you must pay the cost of the bib shorts.

EMERGENCY CONTACT INFORMATION

Emergency contact name: _

Relationship with this person: ______

Emergency contact number:

ACCOMPANYING PERSON

Name of the person who will accompany you during the challenge :

Phone number :

Will your accompanying person be present at the :

- Friday night dinner in Nicolet
- Friday night sleepover in Nicolet
- Saturday morning breakfast in Nicolet
- Saturday night dinner in Levis

You will have to cover the cost of dinner, overnight stay and breakfast for your guests

INFORMATION REGARDING THE EVENT'S MENUS (*MANDATORY FIELDS)

Are you a vegetarian or a vegan? Yes No Do you have any food allergies ? Yes No If so, please list them :



PAIRING WITH A TRANSPLANT PATIENT (*MANDATORY FIELDS)

This year, we are offering all cyclists the opportunity to pair up with a transplant patient. The paired cyclist will pedal on behalf of the transplanted person. If you accept and you do not know any transplant patients, we can help you find someone. This is not mandatory to participate in the bike challenge.

Yes, I accept to be paired	🕖 No, I do not	
If you have answered yes to the previo would be willing to be paired with you?	ous question, do you know a transplant patient w	ho
Name of the tranplant patient:		
Phone Number :		
Email :		

COMMITMENT OF THE RIDER (I AGREE TO THE FOLLOWING CONDITIONS) (*REQUIRED FIELDS)

I declare that I am participating in the "Lina Cyr Bike Challenge" of the Maison des greffés Lina Cyr (hereinafter referred to as the "Activity") of my own free will and that I am fully aware of the risks associated with this Activity. Therefore, on behalf of myself, my heirs, assigns and successors, I waive any and all recourse against the Maison des greffés Lina Cyr, its partners and all sponsors of the Activity for damages and/or losses that I may suffer, directly or indirectly, as a result of my participation in the Activity. You release the Maison des greffés Lina Cyr from any responsibility following a breakage of your bike.

() I agree to the above conditions

Signature:

ONLY ROAD BIKES AND ELECTRIC BIKES WILL BE ACCEPTED AT THE LINA CYR BIKE CHALLENGE.





VOICE AND IMAGE USAGE AUTHORIZATION FORM

I authorize Maison des greffés Lina Cyr to film, tape record, photograph, edit or otherwise reproduce in any way (collectively the "Authorized Material") my voice, name, image or appearance (collectively my "Image") during the 18th edition of the Défi-vélo de La maison des greffés Lina Cyr event which will take place on July 12 and 13, 2024, and I authorize the said organization make use of such in various formats, in order to promote the Maison des greffés Lina Cyr, its activities, products, in addition its services and for informational purposes (website, flyers, advertisements or any other documents for the purpose of promotion or information), all of which, free of charge, without claiming monetary or material compensation, of any kind whatsoever.

I authorize, irrevocably, Maison des greffés Lina Cyr to make use my Image on the Authorized Material, appearing on any supporting material, including, but not limited to, printed documents, television, social medias and Internet, and I authorize the said organization to alter or modify the Authorized Material provided that such alterations or modifications do not harm my reputation or my integrity. This consent is granted free of charge, without territorial limits and in perpetuity.

I hereby grant in perpetuity to the Maison des greffés Lina Cyr the entire ownership of the copyright on any document subject to copyright whatsoever, whether completed or not, including the infinite right to reproduce in any way whatsoever any Authorized Material of my Image, and any instrumental, musical or sound effect recording of my person. In return, the Maison des greffés Lina Cyr accepts not to use the Authorized Material for any purposes other than the promotion or information of its mission and not to sell the Authorized Material to third parties. I acknowledge that the Maison des greffés Lina Cyr remains the sole owner of the Authorized Material.

I understand that I will not make any monetary or other claim to the Maison des greffés Lina Cyr for the use of the Authorized Material with my Image. Furthermore, I waive the right to inspect or approve the final product, including any video, where my Image may be viewed.

I hereby exonerate Maison des greffés Lina Cyr from all claims, demands and causes of action held or which may be held by me, my heirs, my representatives, my liquidators or any other person acting on my behalf or on behalf of my estate.

I understand that this agreement does not oblige the Maison des greffés Lina Cyr to use the Authorized Material with my Image.

I understand that while Maison des greffés Lina Cyr will seek to use Authorized Material with my Image in accordance with standards of good judgment, Maison des greffés Lina Cyr cannot guarantee or warrant that any further dissemination of my Image will be subject to its supervision and control. Consequently, I exonerate Maison des greffés Lina Cyr from any liability arising from the dissemination of my Image, the reproduction, distribution and display of the Authorized Material on any supporting material, in addition to any modifications, distortions or illusory effects whether intentional or not, in connection with said use of the Authorized Materials or other ressemblance whatsoever at any time in the future.

I consent to one of my parents or my legal guardian signing this form if I am under 18 years old.

Yes, I acknowledge having read and accepted the conditions of this document and I authorize Maison des greffés Lina Cyr to use and distribute my Image, or the Image under my supervision or my responsibility, during the 18th edition of the Défi-vélo des greffés Lina Cyr, according to the conditions mentioned hereinabove.

No, I do not authorize Maison des greffés Lina Cyr to use and distribute my Image, or the Image under my supervision or my responsibility, during the 18th edition of the Défi-vélo de La maison des greffés Lina Cyr event, according to the conditions mentioned hereinabove.

Name : _____

Signature : _____

Date : _____ (MM/DD/AAAA)

