



2019 REGISTRATION PACKAGE

Thank you for your interest in joining the 2019 NB Doctors Cycling Against Cancer on **Monday, June 24th**. This will be the fifth year for the ride which has raised over \$250,000! Due to logistical and safety requirements, the registration package is compulsory for all individuals who wish to join us, and **the April 26th** due date is firm. Your participation will help raise funds that will support The Moncton Hospital's Dr. Sheldon H. Rubin Oncology Clinic.

Dr. Mohammed Harb, Medical Oncologist

INSTRUCTIONS

The following information and requested documents are due by noon, **Friday, April 26th**. **ONLY COMPLETE SETS WILL BE ACCEPTED.**

Completed registration forms can be submitted either in paper format or electronic format to Katherine Robertson:

- Email:** Katherine.Robertson@HorizonNB.ca
- Mail:** Katherine Robertson, Community Engagement Coordinator
Friends of The Moncton Hospital Foundation
135 MacBeath Avenue
Moncton, NB, E1C 6Z8
- Fax:** 506.857.5753

Questions can be directed to Katherine Robertson by phone at 506.870.2447.

CYCLIST INFORMATION

Name:		Email Address:	
Home Address (street, city, postal code):			
Home Tel:		Work Tel:	Cell:
Date of Birth (mm/dd/yy):		Medicare Number:	Expiry Date (mm/yyyy):
<input type="checkbox"/> Male <input type="checkbox"/> Female		Height (cms/ins):	Weight (kgs/lbs):
Family Doctor:		Address:	Telephone:
Personal Medical Insurance Provider Name:			Policy No.:
Please list medical conditions, allergies, special considerations:			



EMERGENCY INFORMATION

Name:		Email Address:	
Relationship to Cyclist:			
Home Address (street, city, postal code):			
Home Telephone:		Work Telephone:	Cell:

PARTICIPANT AGREEMENT, WAIVER & RELEASE OF LIABILITY 2019

(Please read and sign below.)

I wish to participate in NB Doctors Cycling Against Cancer Ride (“Event”) benefiting the Oncology Clinic at The Moncton Hospital, scheduled to take place on June 24 – June 28, 2019, as well as various pre- and post-event activities 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 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/or damages I may have arising out of the Event or my participation in the Event, The Friends of The Moncton Hospital Foundation, any beneficiaries, sponsors, officials, participating clubs, communities, organizations, friends of the Event, Riders, Crew Members, consultants, participants, third-party vendors, government or public entities (including, without limitation, the Department of Transportation and Infrastructure), and each of their respective parents, subsidiaries, affiliates, successors, executors, administrators, assigns predecessors, officers, directors, employees, volunteers, agents, and representatives, including, without limitation, the Event medical sponsor, medical director, and members of any medical team which provides services during or after the Event, and their respective, successors, executors, administrators, and assigns (the “Releasees”).

I intend by this Agreement, Waiver & Release (“Agreement”), in advance, to waive my rights, to covenant not to sue to release for future claims, and to discharge all of the Releasees, 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 (whether simple or gross), carelessness, or recklessness on the part of any of the Releasees, from dangerous or defective streets, facilities, property or equipment owned, maintained, or controlled by them or because of their possible liability without fault. I further agree to indemnify the Releasees from any and all damages, costs, claims or demands (including reasonable attorney’s fees and costs) made by any third party caused in whole or in part by my actions.

I understand and agree that this Agreement is binding on my heirs, executors, administrators, 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 organizers 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 the Event may be delayed, postponed or canceled due to a cause or event that is not reasonably foreseeable or otherwise caused by or under the control of N.B. Doctors Cycling Against Cancer Ride, including without limitation, acts of God, fires, floods, explosions, riots, wars, sabotage, terrorism, vandalism, accidents, governmental acts, injunctions, strikes and other like events that are beyond the reasonable anticipation and control of the organizers.

I understand that all donations processed by Friends of The Moncton Hospital Foundation office are non-refundable and non-transferable, even if I do not participate in the Event.

I give permission to N.B. Doctors Cycling Against Cancer Ride, and the Friends of The Moncton Hospital Foundation 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 PROVINCE OF NEW BRUNSWICK. THE COURTS OF NEW BRUNSWICK SHALL HAVE EXCLUSIVE JURISDICTION FOR ANY DISPUTE ARISING UNDER, OR PERTAINING TO, THIS WAIVER AND RELEASE.

I expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by law and that if any provision of this Agreement shall be found to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

I have carefully read this Agreement and fully understand its contents. I am aware that this is a release of liability and a binding contract between myself, my executors, administrators, and assigns and the Releasees, 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 Agreement 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.

Name (please print)

Name (please sign)

Date



CYCLING LEVEL

- I am new to cycling
 2-5 years cycling
 1-2 years cycling
 5+ years

PARTICIPATION DATES

Please indicate which days you will be cycling below. (NOTE: Cyclists are responsible for their own return transportation during the ride.)

<input checked="" type="checkbox"/>	DAY	
	1st day only	Moncton – Bouctouche (50 km)
	Entire 5 days	
	Day 1 – Monday, June 24	Moncton - Kouchibouguac
	Day 2 – Tuesday, June 25	Kouchibouguac - Miramichi
	Day 3 – Wednesday, June 26	Miramichi - Fredericton
	Day 4 – Thursday, June 27	Fredericton - Sussex
	Day 5 – Friday, June 28	Sussex - Moncton

REQUIRED FOR FIRST DAY CYCLISTS ONLY:

I will make a donation of \$500**

I will fundraise for the \$500**

**** \$250 due by Friday, May 17th; remainder due by Friday, June 7th**

See section below for Fundraising options.

JERSEY

I **WILL NOT** order a jersey

I would like to order a jersey (\$90**)

Men's Size

Women's Size

*Jersey is a **Garneau** jersey specifically designed for the NB Doctors ride. The deadline is necessary since it is a custom order. Thank you.*

Front



Back



Payment & size due by Friday, May 3rd

(Please refer to the Payment section for details.)

MEN'S SIZING

		3XS		XXS		XS		S		M		L		XL		XXL		3XL	
		IN.	CM	IN.	CM	IN.	CM	IN.	CM	IN.	CM	IN.	CM	IN.	CM	IN.	CM	IN.	CM
1	CHEST	31-33	79-84	33-35	84-89	35-37	89-94	37-39	94-99	39-41	99-104	41-43	104-109	43-45	109-114	45-47	114-119	47-49	119-124
2	WAIST	26-27	66-68	27-29	69-74	29-31	74-79	31-33	79-84	33-35	84-89	35-37	89-94	37-39	94-99	39-41	99-104	41-43	104-109
3	HIPS	31-33	79-84	33-35	84-89	35-37	89-94	37-39	94-99	39-41	99-104	41-43	104-109	43-45	109-114	45-47	114-119	47-49	119-124
4	INSEAM	29	74	30	76	30	76	31	79	32	81	33	84	33	84	33	84	33	84
5	BODY LENGTH	58	147	60	152	62	157	64	163	66	168	68	173	70	178	71	180	72	183

WOMEN'S SIZING

		XXS		XS		S		M		L		XL		XXL		3XL	
		IN.	CM	IN.	CM	IN.	CM	IN.	CM	IN.	CM	IN.	CM	IN.	CM	IN.	CM
1	BUST	27-29	69-74	29-31	74-79	31-33	79-84	33-35	84-89	35-37	89-94	37-39	94-99	39-41	99-104	41-43	109-114
2	WAIST	24-25	61-64	25-26	64-66	26-27	66-69	27-29	69-74	29-31	74-79	31-33	79-84	33-35	84-89	35-37	89-94
3	HIPS	31-33	79-84	33-35	84-89	35-37	89-94	37-39	94-99	39-41	99-104	41-43	104-109	43-45	109-114	45-47	114-119
4	INSEAM	28	74	29	74	30	76	31	79	32	81	32	81	32	81	32	81
5	BODY LENGTH	54	137	56	142	58	147	60	152	62	157	64	163	65	165	66	168

*Buttocks are measured 4 inches below the waist.

*Measurements are taken wearing a sports bra.



FUNDRAISING

If fundraising, there are 2 methods you may consider: 1) use the pledge form included in the package or 2) use the online pledge platform available through the NBDocsCAC website.

I would like to use the online pledge platform available through the NBDocsCAC.com website.

The online pledge platform is a fun way to share news of your participation and encourage your network to support you. Please see the screenshot below.

If you would like to participate this way, we need a headshot, your fundraising goal and answers to the questions "I joined the ride because....." and "When I'm not cycling I'm...."

Fundraising this way, is a personal decision and not a requirement. Please check the box above and we will set you up with the online pledge.

NB Doctors Cycling Against Cancer

HOME 2018 DETAILS DONATE NOW! SPONSORS PAST RIDES THE DR SHELDON RUBIN ONCOLOGY CLINIC

Thomas Spencer



\$1,400 RAISED

GOAL \$500

This participant has raised a total of: \$1,400
Their current goal is: \$500
That's 280%!

I joined the ride because...

I promised my late friend Pierre, who often mentioned how impressed he was with his level of care from TMH, that I would join in his honor.

When I'm not cycling, I...

enjoy staying active, travelling with my wife Denise and spending time with family and friends.

DONATE!



PAYMENT

**Payments are made to:

Friends of The Moncton Hospital Foundation
135 MacBeath Avenue, Moncton, NB, E1C 6Z8
Tel: 506.857.5488

Payment can be made by:

- Cheque payable to Friends of The Moncton Hospital Foundation;
- Credit card (can be taken by phone);
- Online at www.friendsfoundation/donate (**Select "NB Docs" from the drop down menu**)
- Visit the Friends' kiosk, main lobby, The Moncton Hospital.

REGISTRATION CHECK LIST:

- I have provided a 3" by 5" colour headshot.
- I have provided proof of personal insurance coverage (i.e. name of insurer, policy number).
- 1st day cyclists: I will fundraise/pay the registration in full.
- I have read and signed the Participant Agreement, Waiver & Release form.
- I have arranged return transportation to Moncton.
- I **WILL** attend the orientation session which will be held at **4:00 p.m. on Sunday, June 23rd** and understand that failure to attend will prevent my participation.
- I agree to check in at the registration table on June 24th prior to the departure.

Pledge Form

Formulaire de promesse de don

Please make cheques payable to:

Friends of The Moncton Hospital Foundation earmarked *NB Docs CAC*

135 MacBeath Avenue, Moncton, NB E1C 6Z8

Tel: 506.857.5488

Donate online: friendsfoundation.ca/donate

Select *NBDocsCAC* from the drop-down menu

Veillez établir le chèque à l'ordre de la :

Fondation des Amis de L'Hôpital de Moncton portant la mention

Médecins du N.-B. à VCC

135, av. MacBeath, Moncton, (N.-B.) E1C 6Z8

Tél : 506.857.5488

Faites un don en ligne : fondationamis.ca

Sélectionnez » *NBDocsCAC* « dans le menu déroulant

NAME/NOM: _____

Name/Nom	Donation Don \$	Method of payment/ Mode de paiement	Receipt/Reçu? If yes/Si oui: Address/Adresse	Tel/Tél Email/Courriel
		<input type="checkbox"/> Cash/Argent comptant <input type="checkbox"/> Cheque/Chèque		Tel/Tél: _____ Email/courriel: _____
		<input type="checkbox"/> Cash/Argent comptant <input type="checkbox"/> Cheque/Chèque		Tel/Tél: _____ Email/courriel: _____
		<input type="checkbox"/> Cash/Argent comptant <input type="checkbox"/> Cheque/Chèque		Tel/Tél: _____ Email/courriel: _____
		<input type="checkbox"/> Cash/Argent comptant <input type="checkbox"/> Cheque/Chèque		Tel/Tél: _____ Email/courriel: _____
		<input type="checkbox"/> Cash/Argent comptant <input type="checkbox"/> Cheque/Chèque		Tel/Tél: _____ Email/courriel: _____

Name/Nom	Donation Don \$	Method of payment/ Mode de paiement	Receipt/Reçu? If yes/Si oui: Address/Adresse	Tel/Tél Email/Courriel
		<input type="checkbox"/> Cash/Argent comptant <input type="checkbox"/> Cheque/Chèque		Tel/Tél: _____ Email/courriel: _____
		<input type="checkbox"/> Cash/Argent comptant <input type="checkbox"/> Cheque/Chèque		Tel/Tél: _____ Email/courriel: _____
		<input type="checkbox"/> Cash/Argent comptant <input type="checkbox"/> Cheque/Chèque		Tel/Tél: _____ Email/courriel: _____
		<input type="checkbox"/> Cash/Argent comptant <input type="checkbox"/> Cheque/Chèque		Tel/Tél: _____ Email/courriel: _____
		<input type="checkbox"/> Cash/Argent comptant <input type="checkbox"/> Cheque/Chèque		Tel/Tél: _____ Email/courriel: _____
		<input type="checkbox"/> Cash/Argent comptant <input type="checkbox"/> Cheque/Chèque		Tel/Tél: _____ Email/courriel: _____
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		<input type="checkbox"/> Cash/Argent comptant <input type="checkbox"/> Cheque/Chèque		Tel/Tél: _____ Email/courriel: _____
		<input type="checkbox"/> Cash/Argent comptant <input type="checkbox"/> Cheque/Chèque		Tel/Tél: _____ Email/courriel: _____

