



**Kinsmen**

*Ride for a Lifetime*  
**2020**

**JUNE 19-21 2020**

**REGISTRATION**

*Be a rebel with a cause!*



## CONGRATULATIONS!

By taking part in the Kinsmen Ride for a Lifetime and supporting Kids Cancer Care, you are helping change the course of children's cancer. **Thank you!**

## NEXT STEPS

- 1** Review the attached Kinsmen Ride for a Lifetime registration and information package;
- 2** Complete, sign and return the attached forms and waiver;
- 3** Set up your online rider profile page:
  - > Visit us online at <http://rideforalifetime.ca>
  - > Choose **log-in**; (note: You can also access this log-in area by clicking on the link in the email you received after registering);
  - > Enter your **username** and **password** (see email) and hit **submit**;
  - > Choose **create your profile** and follow the prompts
- 4** Once you finish your rider profile page, you can email your page or share it via social media on facebook and twitter, and invite your friends, family and colleagues to support you;
- 5** Invite others to join you on the ride;
- 6** Post copies of the attached poster to encourage others to ride or pledge;
- 7** Be proud. Tell everyone you're riding in the Kinsmen Ride for a Lifetime to help children with cancer.

Thank you for supporting Kids Cancer Care and for making a profound impact on the lives of children with cancer and their families.

**PROBLEMS or QUESTIONS?**

Contact [kinsmenrideforalifetime@gmail.com](mailto:kinsmenrideforalifetime@gmail.com)



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## CHECKLIST & ACCEPTANCE OF TERMS

To: **Kinsmen Club of the Stampede City**

Re: **Kinsmen Ride for a Lifetime Rider/passenger info, waiver and copy of insurance**

Please indicate your agreement and understanding of the following Ride for a Lifetime policies by checking the boxes below and attaching the appropriate documents.

- I have completed and attached the rider and passenger information forms;
- I have completed the insurance information form and attached it along with a photocopy of my current motorcycle insurance;
- I have read, signed and attached my waiver form;
- I have read the ride registration and understand the terms of my commitment to the 2020 Kinsmen Ride for a Lifetime; and
- I am aware that each rider and passenger must raise a minimum of \$1,000 in pledges to participate. If I am unable to raise a minimum of \$1,000 in pledges, I understand that I am responsible for providing this sum or difference to the Kids Cancer Care Foundation of Alberta.

Name (please print) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please fill, scan & email to [kinsmenrideforalifetime@gmail.com](mailto:kinsmenrideforalifetime@gmail.com)



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## IMPORTANT INFORMATION

### DEPARTURE DAY – FRIDAY, JUNE 21

**7:00 am** – You will check-in, have breakfast, receive your ride group assignment, go through a safety overview and review the itinerary before our departure.

### ROAD RULES

- Please arrive at check-in with a full tank of fuel;
- All riders **must present a valid class 6** driver's licence and pink card at check-in, if you have not sent it already;
- Riders must wear a **DOT-approved** helmet;
- Riders and passengers will receive an ID badge at check-in. You must show this at all fuel and rest stops to gain access to ride services such as meals and fuel;
- The Kinsmen Ride for a Lifetime has a zero tolerance policy for alcohol consumption while riding a motor vehicle at any time during the ride;
- To ensure the safety of everyone involved there will be no "hot-dogging" or performing any acts that may endanger you, your passenger or others. You will be asked to leave the ride immediately if you participate in unsafe practices;
- **Breakdowns:** If your bike breaks down we will provide roadside assistance and an on-site mechanic to assess the situation. If the mechanic is unable to repair your bike, it will be put in the chase trailer and transported back to Calgary based on room available and another bike will be available to you if possible;
- Riders are asked to ride in the ride groups assigned. Should you choose to ride on your own, you will be responsible for fuel, additional transportation arrangements and any other costs you incur; and
- The ride goes **rain or shine!**

### COVERED ACCOMMODATION

Accommodation is based on double occupancy. We are happy to accommodate requests for single rooms based on availability. We do, however, ask that you pay the difference in cost. All riders will require a credit card at check-in to cover incidentals.

We have reserved rooms at the **Sutton Place Hotel - Mountain Resort** in Revelstoke, for Friday June 19<sup>th</sup>, and at the **Prestige Lakeside Resort** in Nelson, for Saturday June 20<sup>th</sup>.

### PLEDGES

Each rider and passenger **must** collect a minimum of \$1,000 in pledges to help us reach our fundraising goal. If you are unable to raise this minimum amount, you must provide this sum or difference to the Kids Cancer Care Foundation of Alberta in order to join us on the Ride.

Once registered, your name will be added to our **online pledge system**. We highly recommend that you direct friends and family to your *Rider Profile* to pledge you online by credit card. You will receive notification of their pledges and they will receive their tax receipts by mail.

In case you receive cash or cheques donations, the last page of this package includes a pledge sheet. Please ensure **cheques are made payable to Kinsmen Club of the Stampede City**. Tax receipts for these pledges will be sent in the mail.

**In order to qualify for special prizes, you MUST have all monies collected and submitted when you check-in on Friday morning for the Ride.**

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## RIDER INFORMATION

Rider name:		
Number of years driving a bike:		Kilometres driven on a bike (estimate):
Motorcycle driver training? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have first aid training? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are taking a passenger, do you have previous highway experience with a passenger on board? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I would like to ride with:		I would like to room with:
If you have food allergies, please list:		Are you vegetarian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical condition that we should be aware of:		
Do you take medication for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please advise t-shirt size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

## CONTACT INFORMATION IN CASE OF EMERGENCY

Name:		Relationship:
Home phone:	Business phone:	Cell phone:

## PASSENGER INFORMATION

Name:		
If you have food allergies, please list:		Are you vegetarian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical condition that we should be aware of:		
Do you take medication for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please advise t-shirt size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

## PASSENGER CONTACT INFORMATION IN CASE OF EMERGENCY

Name:		Relationship:
Home phone:	Business phone:	Cell phone:

To guarantee your spot please complete the following forms and waiver and return them to us by **June 1, 2020**.

Scan and email to [kinsmenrideforalifetime@gmail.com](mailto:kinsmenrideforalifetime@gmail.com)





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## INSURANCE INFORMATION FORM

### RIDER INFORMATION

Rider name:	
Policy holder's name:	
Insurance company:	Policy number:
Insurance agent:	Expiry date:
Liability coverage (minimum of \$1 million is recommended):	
Driver's licence number and class (Class 6 required):	

### MOTORCYCLE INFORMATION

Make:	Model:	Year:
Colour:	Licence plate number:	Expiry date:
Fuel range on full tank:		

Remember to wear quality protective motorcycle gear, such as a DOT-approved helmet, goggles, gloves and boots. Pack rain gear along and a healthy dose of fun!

The road awaits!

**REMEMBER:**

**PLEASE ATTACH A PHOTOCOPY OR SCAN OF YOUR CURRENT MOTORCYCLE INSURANCE**



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## WAIVER FORM

### **CERTIFICATION OF CONSENT AND AUTHORITY RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT.**

I \_\_\_\_\_ (**participant in the Kinsmen Ride for a Lifetime**) hereby acknowledge that I am aware that by riding my motorcycle in the Kinsmen Ride for a Lifetime I am participating in a risk-taking and potentially hazardous outdoor pursuit and there is a possibility of injury resulting from such activity. Risks include but are not limited to, damage to person or property arising from a collision, or other motor vehicle accident, involving other participants in the Kinsmen Ride for a Lifetime or involving other traffic or animals, risks of unsafe driving conditions and unpredictable weather.

As a free and willing participant in the Kinsmen Ride for a Lifetime, I freely consent to all such risks associated with the event and fully assume all responsibility for the possibility of personal injury, death, disability, property damage or loss, howsoever caused.

I waive any and all claims that I have or may have in the future against the Kinsmen Club of Stampede City and all volunteers, sponsors and all other individuals associated directly and indirectly with the Ride, as a result of my participation in the Kinsmen Ride for a Lifetime.

I further agree to hold harmless and indemnify the Kinsmen Club of Stampede City, sponsors, volunteers and all individuals associated directly or indirectly with the Ride from any and all liability for any damage to the personal property of, or personal injury to, any third party, resulting from my participation in the Kinsmen Ride for a Lifetime.

I agree to release the Kinsmen Club of Stampede City and all sponsors, volunteers and individuals associated directly or indirectly with the Ride from any and all liability from any loss, damage, injury or expense that I, the Rider, may suffer as a result of my participation in the Ride for a Lifetime **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING, BUT NOT LIMITED TO, ANY DUTY OF CARE OWED UNDER THE OCCUPIER'S LIABILITY ACT OF ALBERTA** on the part of the Kinsmen Ride for a Lifetime.

I HAVE READ AND UNDERSTOOD THIS CONSENT AND I AM AWARE THAT BY SIGNING IT, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, THE APPLICANT AND OUR HEIRS, NEXT OF KIN, EXECUTORS OF ADMINISTRATORS MAY HAVE.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, in the year 2020.

Participant's Signature

Witness' Signature

(please print witness' name)

### **OPTIONAL PUBLICITY RELEASE**

The Kinsmen Club of Stampede City will photograph the event. All pictures and videos shall remain the property of the Kinsmen Club of Stampede City.

Please indicate if you authorize us to use any photograph or videotape of you at the event.     Yes     No

Signature

Please fill, scan and email to [kinsmenrideforalifetime@gmail.com](mailto:kinsmenrideforalifetime@gmail.com)





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# Ride for a Lifetime

Support me and pledge today!  
[www.rideforalifetime.ca](http://www.rideforalifetime.ca)

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2020**

**BE A REBEL WITH A CAUSE**

IN SUPPORT OF **kids  
cancer care**





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# PLEDGE FORM

PAGE \_\_\_\_\_ OF \_\_\_\_\_

Rider name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MAKE CHEQUES PAYABLE TO:**  
**Kinsmen Club**  
**of the Stampede City**

FIRST NAME / COMPANY NAME	LAST NAME	ADDRESS	CITY	PROV.	POSTAL CODE	PHONE	DONATION TYPE	AMOUNT
<input type="radio"/> Mr.   <input type="radio"/> Mrs.   <input type="radio"/> Ms.	Email Address:						<input type="radio"/> Cash <input type="radio"/> Cheque	\$
<input type="radio"/> Mr.   <input type="radio"/> Mrs.   <input type="radio"/> Ms.	Email Address:						<input type="radio"/> Cash <input type="radio"/> Cheque	\$
<input type="radio"/> Mr.   <input type="radio"/> Mrs.   <input type="radio"/> Ms.	Email Address:						<input type="radio"/> Cash <input type="radio"/> Cheque	\$
<input type="radio"/> Mr.   <input type="radio"/> Mrs.   <input type="radio"/> Ms.	Email Address:						<input type="radio"/> Cash <input type="radio"/> Cheque	\$
<input type="radio"/> Mr.   <input type="radio"/> Mrs.   <input type="radio"/> Ms.	Email Address:						<input type="radio"/> Cash <input type="radio"/> Cheque	\$
<input type="radio"/> Mr.   <input type="radio"/> Mrs.   <input type="radio"/> Ms.	Email Address:						<input type="radio"/> Cash <input type="radio"/> Cheque	\$
<input type="radio"/> Mr.   <input type="radio"/> Mrs.   <input type="radio"/> Ms.	Email Address:						<input type="radio"/> Cash <input type="radio"/> Cheque	\$
<input type="radio"/> Mr.   <input type="radio"/> Mrs.   <input type="radio"/> Ms.	Email Address:						<input type="radio"/> Cash <input type="radio"/> Cheque	\$
<input type="radio"/> Mr.   <input type="radio"/> Mrs.   <input type="radio"/> Ms.	Email Address:						<input type="radio"/> Cash <input type="radio"/> Cheque	\$
<input type="radio"/> Mr.   <input type="radio"/> Mrs.   <input type="radio"/> Ms.	Email Address:						<input type="radio"/> Cash <input type="radio"/> Cheque	\$

**Please ensure cash and cheque donations submitted add to what is stated on pledge sheet. DO NOT INCLUDE ONLINE PLEDGES.**

You may photocopy/print additional pledge forms as needed.

**PLEASE NOTE**  
 Receipts will be issued for \$25 or more but only if the donor's name and address are clearly printed and complete.

TOTAL CASH	\$
TOTAL CHEQUE	\$
PAGE TOTAL	\$
OFFICE - VERIFIED	\$