

Randonnée Tours Inc.

# Registration Form

All registration forms must be accompanied by a confirmed release (included here) and deposit of \$500 per person per tour. Please also confirm that you have read and agree to the terms and conditions.

We process credit card transactions in Canadian dollars at the current exchange rate or in USD if you live in the United States. We gladly accept payment by check in US or Canadian currency.

Please print this form and mail or fax to #203-1338 West 6<sup>th</sup> Ave., Vancouver, BC V6H 1A7 CANADA Fax #: 604.738.7655

All personal information collected on this form is subject to Randonnée Tours Inc. Privacy Protection Policy.

## Personal Information

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Prov./State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Birth date: \_\_\_\_\_

Special dietary requirements or medical condition?  
\_\_\_\_\_  
\_\_\_\_\_

Will you be sharing your accommodation?

Yes       No (single rooms subject to supplement)

If yes, please provide us with the following information regarding the other occupant:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Prov./State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Birth date: \_\_\_\_\_

Special dietary requirements or medical condition?  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Randonnée Tours?

Which Randonnée tour would you like?  
\_\_\_\_\_

Country: \_\_\_\_\_

Activity: \_\_\_\_\_

Tour Name: \_\_\_\_\_

\_\_\_\_\_

## When would you like to travel?

Preferred Date: \_\_\_\_\_

Alternate Date: \_\_\_\_\_

Would you mind if other people began their self-guided travels on the same date?

Yes

No (single rooms subject to supplement)

Why did you choose this trip and is there anything we should know?  
(e.g. you're celebrating a birthday or anniversary, were a D-Day Veteran, learning to play flamenco music etc.) that would help us make your Randonnée Tours Inc. travel experience even better?

\_\_\_\_\_  
\_\_\_\_\_

## Bike Information

Riding Experience



Novice



Energetic Novice



Intermediate



Advanced

I will bring my own bike

I will reserve a bike (please fill out the information below)

### Preferred type of bike

Hybrid

Racing (not available in all regions)



### Sizing your Bike

Your Height:

Inseam Length:

Toe cages:  Yes  No

Own pedals:  Yes  No

Note: You should only choose toe cages if you are experienced in using them.

I will not need a second bike.

I will be reserving a second bike for another occupant.

### Preferred type of bike

Hybrid



Racing (not available in all regions)



### Sizing your Bike

Your Height:

Inseam Length:

Toe cages:  Yes  No

Own pedals:  Yes  No

Note: You should only choose toe cages if you are experienced in using them.

### Accommodation

Which type of accommodation do you prefer?

(Note: we cannot guarantee your preference, based upon availability)

Accommodation type:

Room type:

Bathroom preference:

How many people are in your party?

Please provide us with their names:  
(separate applications required)

## Insurance

---

We recommend tour cancellation insurance. Click here for rates [www.travelguard.ca](http://www.travelguard.ca) for rates and purchase. Please note non Canadian residents (united states residents) should purchase travel insurance on [www.travelguard.com](http://www.travelguard.com) to be fully covered.

---

## Credit card payment for your Randonnée Tour

---

Comments/Special Instructions:

Credit Card Type:

Mastercard  Visa

Credit Card Number:

Name on Card:

Expiry date:

mm	▼	yyyy	▼
----	---	------	---

TOTAL:

\$500.00 per person deposit

Yes, I agree to the [Terms & Conditions](#) regarding Randonnée Tours Inc. cancellation and refund policy. \*

Yes, I have read the [Release & Indemnity](#). \*

I authorize that the above information is correct and that Randonnée Tours Inc. debit the above amount and any outstanding balance within 60 days of the tour start. \*

---

**RELEASE & INDEMNITY**  
**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS**

*Please read carefully before confirming.*

I am aware that any form of travel, including biking, walking, hiking, contains some inherent risks of illness, injury or death, which may be caused by negligence of others, physical exertion for which I am not prepared, consumption of alcoholic beverages, forces of nature, or other agents known or unknown.

I acknowledge that the enjoyment and excitement of adventure travel is a reason for my participation, and is derived in part from the inherent risk of such travel. I am also aware that medical facilities may not be readily available or accessible during some of the time in which I am participating in the trip.

I also acknowledge that I have received no information from Randonnée Tours, its directors, officers, employees, agents or representatives that in any way minimizes the risks of such travel.

Therefore in consideration of arrangements made by Randonnée Tours Inc. for travel by me and its providing tour services itself or as agent, I agree to:

1. ASSUME AND ACCEPT ALL RISKS, DANGER AND HAZARDS, including without limitation, illness, injury, death, loss or damage to my person or property, in any way connected with travel arranged by Randonnée Tours Inc. for me.
2. WAIVE ANY AND ALL CLAIMS that I may have against Randonnée Tours Inc. in respect of such travel.
3. RELEASE AND DISCHARGE Randonnée Tours Inc. from any and all liabilities for any loss, damage, injury or expense that I, or my next of kin or personal representatives, may suffer or incur as a result of my participation in travel arranged by Randonnée Tours Inc., INCLUDING NEGLIGENCE ON THE PART OF RANDONNÉE TOURS INC..
4. INDEMNIFY AND SAVE HARMLESS Randonnée Tours Inc. from any and all liabilities for property damage, personal injury or death suffered by me or by a third party as a result of my participation in travel arranged by Randonnée Tours Inc..

I further agree that this release and indemnity shall be binding upon me, my heirs, next of kin, personal representatives and any minor accompanying me. I agree that this release and indemnity, and all rights and liabilities referred to herein, shall be interpreted in accordance with and governed by the laws of British Columbia and any action arising there from shall be within the exclusive jurisdiction of British Columbia courts.

I have carefully read this release and indemnity and fully understand its contents. I am aware that this document affects my legal rights and liabilities and those of my heirs, next of kin and personal representatives.

I confirm and agree to this release and indemnity of my own free will after having a reasonable opportunity to review it.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature:

\_\_\_\_\_  
Name: \_\_\_\_\_ Print

Remember to read our Terms and Conditions.