

**WEGA Aide Humaitaire o.n.g.-d.**  
**Charity Sponsored Bike Ride**



**Registration Form**

Rosport Sauerpark - Saturday, July 15<sup>th</sup> 2023

web: [wega.lu](http://wega.lu) email: [wegaprojectslux@gmail.com](mailto:wegaprojectslux@gmail.com)

**Bicycle Rider** (Please register by July 8th):

Please select your tour with a tick mark:

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
|                          |                          |                          |                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

First Name, Family Name:

Address:

E-Mail:

Phone Number:

In case of minor Rider, Name of Parent and contact number:

**PLEASE ACKNOWLEDGE YOUR PARTICIPATION BY JULY 8<sup>th</sup>. THANK YOU !**



- RELEASE WAIVER -

**All riders are encouraged to wear a helmet!**

In consideration of being permitted to participate in any way in the WEGA Charity Sponsored Bike Ride, I, for myself or assigned heir, representative, or next of kin:

- Acknowledge, agree and represent that I understand the nature of the activity and am qualified to participate. I agree to obey all local traffic laws.
- Fully understand that the activity involves risk and dangers of serious bodily injury.
- Hereby release, discharge, and covenant not to sue WEGA, from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of WEGA, including negligent rescue operation.
- I agree that my, or the registrants, photograph, video or voice may be used in promotional or advertising materials for WEGA with no compensation due.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance notwithstanding, shall continue in full force and effect.

I have read the notes on the following page, I fully understand them and comply by them.

Sign and Date here (Rider or Parent):

Please confirm your presence to WEGA before JULY 8<sup>th</sup>, 2023, one week before the starting the bike tour.  
You can hand in this form during the event.

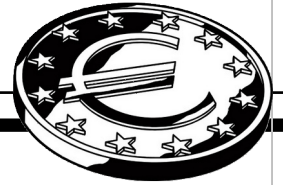
## Notes:

- The rides are designed for all levels of fitness and can be taken at your own pace.
- The event is in no way competitive.
- It is not a race.
- You will help a fellow bike rider if he needs help, even if this means sacrificing your own time or effort.
- The minimum age for the event is 6 years of age, on the day of the event. If an individual is younger than 18 years of age, a parent or guardian will be required to be available at the event and may be requested to accompany the younger individual.
- You acknowledge that bike riding can be a dangerous sport and that you are at risk of injury by participating in this ride.
- You take part entirely at my own risk. You agree that you should seek medical advice from your general practitioner if you are in any doubt as to your physical ability to participate in this event.
- This registration form is to be signed by the bike rider and his or her parent or guardian.
- All rides are at your own risk. Please ensure that you have your own third party insurance (check your house insurance).
- Make sure your bicycle is in fit shape and mechanically sound before setting off.
- Abide by the law and respect others on the road and on the bicycle tracks.
- Minimum Sponsorship for participating is €25.-
- If I can't make the start on time, I accept the tour may have already started. I can still ride a tour but may have to do so without a leader.
- Cash donations are to be put in an envelope, to be handed in with the registration form and fully documented: Rider, Donor with address and Amount for each donation.

You have read these notes, you fully understand them and comply by them.

***Please confirm by putting the date and signing the previous page.***

To be filled out by Sponsors. 3 Sponsors per page.  
**PLEASE WRITE CLEARLY, thank you.**



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| First Name:   | Donation type:<br><input type="checkbox"/> Donation per km<br>- or -<br><input type="checkbox"/> Fixed amount donation |
| Family Name:  |  |
| Email:  |  |
| Donation amount fix/per km: € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . | Bill via email: <input type="checkbox"/> - or - post: <input type="checkbox"/>   |
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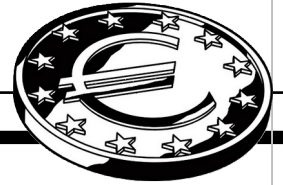


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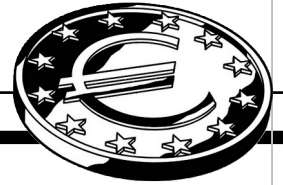


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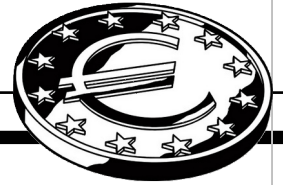


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