

## Cumberland Bike Lend Registration Form

**Pick-up and Drop-off Address**

4030 Eastern Avenue  
Parrsboro, NS  
B0M 1S0  
Fax: (902) 254-2313

**CONTACT INFORMATION**

Carolyn Bollwerk  
Active Living Coordinator Parrsboro  
(902) 664-9143  
cbollwerk@cumberlandcounty.ns.ca

PARTICIPANT NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_



**CONTACT INFORMATION**

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

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

### LIABILITY RELEASE FORM

To: **The Municipality of the County of Cumberland (the Municipality)**

Regarding: \_\_\_\_\_ (Bike Lend)

In consideration of being permitted to participate in the Activity, I, \_\_\_\_\_, Print Name  
on behalf of myself and my heirs and assigns, hereby:

Release and forever discharge the Municipality and its employees, officers, and volunteers (collectively the "Municipality") from all claims of any type in respect of death, injury, loss or damage to myself or my property arising from my participation in the Activity.

Acknowledge that the Municipality does not carry health, medical or disability insurance coverage for participants in the Activity, including myself, and therefore my responsibility to obtain any appropriate or required insurance coverage.

**I HEREBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date: DD MM YYYY

\_\_\_\_\_  
Name of Participant (PRINT)

\_\_\_\_\_  
Telephone Number of Participant

Date out: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Due: \_\_\_\_\_

Date returned: \_\_\_\_\_ Signature: \_\_\_\_\_

