



# CaNDak Registration 2025

August 2<sup>nd</sup> - 9<sup>th</sup>

## PLEASE FILL OUT ALL INFORMATION BELOW

<b>Name:</b>	<b>Age:</b>
<b>Address:</b>	<b>City/ State/ Zip:</b>
<b>Main Contact #:</b>	<b>Email Address:</b>
<input type="checkbox"/> Rider <input type="checkbox"/> Non-Rider/ Support Vehicle	<b>Emergency Contact Name &amp; #:</b>
<b>Shirt Size:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> LG <input type="checkbox"/> XL <input type="checkbox"/> XXL	<b>Enclosed Waiver:</b> <input type="checkbox"/>
<b>List All Additional Riders and Non-Riders:</b>	
<b>Name:</b>	<b>Age:</b>
<b>Address:</b>	<b>City/ State/ Zip:</b>
<b>Main Contact #:</b>	<b>Email Address:</b>
<input type="checkbox"/> Rider <input type="checkbox"/> Non-Rider/ Support Vehicle	<b>Emergency Contact Name &amp; #:</b>
<b>Shirt Size:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> LG <input type="checkbox"/> XL <input type="checkbox"/> XXL	<b>Enclosed Waiver:</b> <input type="checkbox"/>
<b>Name:</b>	<b>Age:</b>
<b>Address:</b>	<b>City/ State/ Zip:</b>
<b>Main Contact #:</b>	<b>Email Address:</b>
<input type="checkbox"/> Rider <input type="checkbox"/> Non-Rider/ Support Vehicle	<b>Emergency Contact Name &amp; #:</b>
<b>Shirt Size:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> LG <input type="checkbox"/> XL <input type="checkbox"/> XXL	<b>Enclosed Waiver:</b> <input type="checkbox"/>
<b>Name:</b>	<b>Age:</b>
<b>Address:</b>	<b>City/ State/ Zip:</b>
<b>Main Contact #:</b>	<b>Email Address:</b>
<input type="checkbox"/> Rider <input type="checkbox"/> Non-Rider/ Support Vehicle	<b>Emergency Contact Name &amp; #:</b>
<b>Shirt Size:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> LG <input type="checkbox"/> XL <input type="checkbox"/> XXL	<b>Enclosed Waiver:</b> <input type="checkbox"/>

BIKE TOUR RATE		MEAL PLAN RATE	
Individual Rider x \$325.00 (Includes 1 free CaNDak Official Shirt per rider)	= \$	Full Meal Plans x \$225.00 (7 Breakfast & 7 Supper Meals)	= \$
Spirit Lake Loop Ride & Camping Special w/ meals x \$150.00 (no shirt included)	= \$	Supper Only Meal Plans x \$125.00 (7 Supper Meals)	= \$
Individual Day Rate w/ Meals & Camping x \$100.00 (no shirt included)	= \$	Breakfast Only Meal Plan x \$100.00 (7 Breakfast Meals)	= \$
DAY TOUR RATE		ADDITIONAL T-SHIRT	
Individual Day Rate x \$60.00 (For Riders who plan to ride only certain days, not the entire week. No meals or shirt included)	= \$	<input type="checkbox"/> XS <input type="checkbox"/> SM <input type="checkbox"/> MED	<input type="checkbox"/> x \$18
		<input type="checkbox"/> LG <input type="checkbox"/> XL <input type="checkbox"/> XXL	= \$
SUPPORT VEHICLE RATE			
Support Vehicle x \$40.00	= \$		
		<b>TOTAL DUE: \$</b>	

## CaNDak agreement and Waiver/Release of liability

*All applicants must read and sign*

I, the undersigned, know that CaNDak is a potentially hazardous event and I attend it out of my own free will and choice. In choosing to attend CaNDak and any related event, I fully accept and assume all risks, whether before, during or after CaNDak and its related events. These include, without limitation, risk of physical injury, mental injury, emotional distress, trauma, death, contact with other participants, equipment failure, inadequate safety equipment, the effects of weather including extreme temperatures or conditions, traffic, contact with motor vehicles of all types and descriptions, collision with other riders or fixed objects, the conditions of the road, camping, and participating in events along the route. All risks are known and appreciated by me. I waive any and all specific notice of the existence of the risks. I shall assume and pay my medical and emergency expenses in the event of injury, illness, or other incapacity regardless of whether I authorized such expenses.

I realize that CaNDak requires physical conditioning and I represent that I am in sound medical condition capable of participating in the ride without risk to myself or others. I have no medical impediment which would endanger myself or others. I understand and agree that a situation may arise during CaNDak which may be beyond the control of the sponsors, promoters or organizers. I will be solely responsible for the condition and adequacy of my bicycle, safety gear and riding equipment. I will ride safely within the limits of my own ability, my equipment and the riding condition and in a manner so as not to endanger either myself or others.

Knowing these facts and in consideration of my entry acceptance, admission to and/or participation in CaNDak and its related events, I for myself and anyone acting on my behalf release waive, discharge, covenant not to sue and agree to hold CaNDak; CaNDak sponsors and participating clubs, communities and organizations; CaNDak officials, emergency and support personnel, volunteers and their representatives; and the officers, directors, employees, representatives, agents, insurers, insurance brokers, and successors of all the above, harmless from any and all claims, demands and actions of any and every kind I have, may have or may hereafter accrue against the released parties directly or indirectly arising out of or relating in any respect to my attending or participating in CaNDak and its related events.

I agree to abide by all CaNDak rules and regulations. I understand that my name, address, photograph, voice and/or likeness may be used in promotional or advertising materials of/or by CaNDak, and its licensees. I consent to such uses and waive any rights of privacy or publicity I may have in connection with those uses. I further agree to indemnify and hold the parties released above harmless from any and all losses, damages, claims and expenses, including attorney's fees, arising from or relating in any respect to my participation in CaNDak or its related events or my breach of this agreement. If I am a minor, my parent or guardian also is signing on my behalf and agreement, waiver and release.

I have read this agreement, waiver and release.

**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Typewritten or Printed Name:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent or Guardian Signature, if under 18:** \_\_\_\_\_

Sign & return the waiver / release with your CaNDak Registration Form and Fee to CaNDak, PO Box 130, Velva, ND 58790

**EVERYONE REGISTERED MUST RETURN A SIGNED WAIVER.**