



Please fill in this agreement form and fax back if you are 70 years old or above.

## Seniors' Agreement Form for Participation in Bicycle Activities

1. I, \_\_\_\_\_, participate in the cycling tour hosted by Giant Adventure CO., Ltd. I understand the characteristics and risks of cycling activities, including but not limited to the facts that cycling activities need to be carried out outdoors, that the climate change is large, that it is required to share the road uses with motorcycles and automobiles while riding bicycles, that the requirements are high for personal attention and physical strength, that considerable riding skills and experience are needed, and other conditions. I agree to follow the request of the organizer: family members sign to know that I participate in the event. It is also strongly recommended that relatives and friends accompany me to participate in this trip.

2. Signature of Relative(s) (within the second degree) : (Name): \_\_\_\_\_ (Relationship): \_\_\_\_\_ (Tel): \_\_\_\_\_

Accompanying Relatives or Friends : (Name): \_\_\_\_\_ (Relationship): \_\_\_\_\_ (Tel): \_\_\_\_\_

No Accompany

Name of Tour Group	
Tour Date	From Year ____ /Month ____ /Day ____ to Year ____ /Month ____ /Day ____

I have read the matters that need attention on the Tour and Registration Information, and understand and agree with the following items:

1. I have the riding ability to participate in this activity and understand the characteristics and risks of the tour. I have completely assessed the risks and will bear all the direct and indirect risks and liabilities.
2. Insurance Coverage: I understand that the scope of coverage of travel service liability insurance is limited to accidents only. Any event due to my own health condition is not covered by the given insurance, and I agree to insure other insurances for insufficient risk coverage, such as travel accident insurance or overseas medical health insurance.
3. Self-Training: I understand that it requires adequate stamina to successfully to complete the Tour, and a self-training for 1-6 months prior to the activity is needed for the purpose of the adjustment of physical fitness and the completion of the event.
4. Registration and Termination of the Activity: I agree that the organizer has the right to decide whether to accept my registration or not, and that the organizer may decide whether to terminate the Tour during the activity in consideration of safety.

5. Health Conditions Survey (Please disclose based on your health conditions.)

For the safety of your travel and the interests of all tour members, if you are pregnant or suffer, or have suffered, from any severe diseases, including but not limited to cardiovascular disease, brain diseases, cancers, musculoskeletal system and connective tissue diseases, respiratory diseases, chronic diseases, infectious diseases, alcohol or drug addiction and physical disability, please disclose faithfully before registering for a tour. If you suffered from any of the aforementioned diseases before and have been cured, you are still required to disclose faithfully. Please consider your health conditions before registering for a tour, or ask your family or friend to accompany you during the tour. As a cycling tour is a long-distance challenge with a high level of exercise intensity, participants are required to disclose their health conditions faithfully. If a participant has any accident due to his or her health conditions in any activity during the tour, the participant is willing to be solely held liable and such accident shall be irrelevant to the company.

I hereby give my consent to Giant Adventure CO., Ltd.

Signature of Applicant: \_\_\_\_\_ ID Number: \_\_\_\_\_ Tel: \_\_\_\_\_

Date: Year \_\_\_\_ /Month \_\_\_\_ /Day \_\_\_\_