

The Logan County Healthcare Foundation's Western Vista Sunflower Classic Bike Tour & Family Fun Ride

Name: _____

Free T-shirt (check one)

Address: _____

Adult size ___S___M___L___XL___XXL

City: _____

Child size ___S___M___L

State: _____ Zip: _____

Event: Bike Tour _____ Family Fun Ride _____

Day Phone: _____

Bike Tour: (circle one) 50 mile 75 mile Century

E-mail address: _____

Emergency contact phone: _____

Alternate Emergency contact phone: _____

Waiver of Negligence & Complete Release of Liability

I wish to participate in the Western Vista Sunflower Classic. I understand that in participating in this event, I will be using public streets and facilities where many hazards exist and I am aware of and appreciate the risks that may result. I am also aware that accidents may occur during these events and that I may be seriously injured or killed as a result. I am voluntarily participating in this event with Knowledge of the dangers involved and agree to accept all risks of injury or death.

I agree to assume all risks and to release and hold harmless The Logan County Healthcare Foundation, Inc, its designated beneficiary, sponsors, officials, participating clubs, communities, organization, friends of the event and all other government or public entities including, but not limited the Department of Transportation and affiliated organizations (all their respective directors, officers, agents, employees and members), who through negligence, carelessness, or any other cause may be liable to me.

I intend by this Waiver to Release, in advance, and to waive my rights and to discharge all of the persons and entities mentioned above, from all claims for damages, for death, personal injury or property damage that I may have, or which may hereafter accrue to me, as a result of my participation in this event, even though that liability may arise from negligence or carelessness on the part of the person or entities being released, maintained, or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns legal representatives.

I am physically capable of completing this event. If I am aware of, or under treatment for, any physical infirmity, ailment or illness, my medical care provider know of and has approved my participation in this event. I acknowledge that I, and I alone, am solely responsible for my own personal health & safety, and personal property that I bring with me.

I will abide by the rules and regulations established by the Event organizers and personnel as well as the local vehicle code. If I am under 18 I agree to wear properly fitted and adjusted ASTM, ASNI, CPSC or SNELL certified helmet while riding. I further agree that my participation in this event is subject to the sole discretion of the organizers and Medical Director of the event and that my participation may be limited for medical or other safety reasons.

I understand that all donations processed are nonrefundable and nontransferable even if I do not participate in the event, or if due to extreme weather conditions the Western Vista Sunflower Classic is cancelled.

Rider's Signature

Date

Parent/Guardian Signature

Date