



Gran Fonda Tour Against Cancer Registration Form



Name _____ Age _____

Address _____

City/State/ZIP _____

Phone _____

Email _____

I plan to ride: _____ Family ride _____ 30 miles _____ 50 miles _____ 75 miles

Here's my donation to the FHN Leonard C. Ferguson Cancer Center.

Cash \$ _____ Check \$ _____ Online gift previously made \$ _____

I agree that bicycling is a potentially hazardous activity and that serious injuries or death can occur from accidents, negligence or carelessness. I am in good health and proper physical condition to participate in the ride. I agree that route markings and maps are provided for my convenience only and not to guarantee a safe route or trip. I voluntarily participate in this event and assume all risks associated with participating in this event, including, but not limited to, illness, injury, falls, contact with participants, effects of weather, traffic and conditions of the road, all such risks being known and appreciated by me. I will obey all laws, ordinances and regulations and will do my best to make this ride fun and safe for everyone. I consent to emergency medical treatment in the event I am injured or taken ill.

Having read this waiver and knowing these facts and in consideration of your accepting my registration, I, for myself and for those upon whose behalf I act, waive and release the Chain Link Cyclists Cycling Club, FHN and City of Freeport, and all cooperating sponsors, groups, agencies and municipalities, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the person or organizations conducting or supporting this event.

If I am the parent and/or legal guardian of a minor participant, I certify that the minor is in good health, qualified and in proper physical condition to participate in the ride and I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless all of the above released parties from liability, claims, demands, losses or damages on the minor's account incurred in connection with the ride or its related events and activities. I will indemnify, save and hold harmless each of the released parties from any litigation expenses, attorney fees, loss, liability, damage or cost that may occur as the result of any such claims in connection with the minor's participation in the ride and its related events and activities. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

I agree to wear a helmet during this ride.

Signature of Participant and/or Guardian _____ Date _____

Print Name: _____