



LAND OF LEGEND BICYCLE TOUR

Saturday, July 9, 2011
Registration: 7:00am - 10:00am

Licking County Family YMCA
470 W. Church St., Newark, OH 43055

One form per person. Form may be duplicated. Waiver must be signed for your registration to be complete. No refunds.

Name (print) _____ Age ____ Male Female

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Ride Length (check one): 32 miles 62 miles 100 miles

T-Shirt Size (check one): S M L XL XXL

Pre-Registration Fee – by 7/1/11 (check one): Adult - \$25 Family - \$40 T-Shirt - \$15

Day of Ride Fee (check one): Adult - \$30 Family - \$50 T-Shirt - \$20

Total Enclosed: \$ _____ (checks payable to Licking County Family YMCA)

LIABILITY RELEASE: In consideration of the acceptance of this entry and by signing this Release for myself (or for the participant if the participant is under 18), I agree to RELEASE, HOLD HARMLESS, and INDEMNIFY the Licking County Family YMCA and all sponsors, organizers, advertisers, owners and lessors of premises on which the activity takes place, their respective officers, agents and members, and any other parties connected with this bicycle event for any injury, loss or damage suffered as a result of participation in the bicycle event or any activity associated with it, including injury, loss or damage caused by the negligence of any party.

I understand that there are certain risks associated with bicycle riding, including the risk of serious personal injury or death, and I expressly agree to assume those risks. I understand the route chosen is challenging, not necessarily the safest route, and that weather conditions may make this ride more difficult. I warrant that I am in proper physical condition to participate in this event, that I am a sufficiently competent cyclist to handle the road conditions, and that my bicycle is in safe operating condition.

I understand that wearing a helmet can minimize head injuries which may occur in a cycling accident and that Licking County Land of Legend Tour requires all riders to wear helmets. I agree to wear a helmet while participating in this event, and to follow the rules of the road and all applicable laws and safe bicycling practices.

I understand that this Release is also binding on my heirs and representatives. If I am signing on behalf of a minor, I accept full responsibility for all medical expenses incurred as a result of the minor's participation. I agree to HOLD HARMLESS and INDEMNIFY the entities named above for any claims brought on behalf of the minor.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(if the participant is under 18)