

# INDIVIDUAL REGISTRATION FORM

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Email: \_\_\_\_\_

Tour (please select one):  
 Olde River Ride - 10 Miles  
 Riverside Ride - 25 Miles  
 Tour de Fort - 42 Miles

T-Shirt (please select one) :  
 Small  
 Medium  
 Large  
 X-Large  
 XX-Large (\$2 extra)

**Fee:**  
Individual Registration Fee:           **\$ 18**  
Add \$2 (For each XXL T-Shirt)       \$ \_\_\_\_\_  
Add \$5 after 7-31-2007               \$ \_\_\_\_\_  
**TOTAL REGISTRATION FEE**           **\$ \_\_\_\_\_**

## RELEASE FORM

*(each participant must complete and sign)*

In consideration of the acceptance for entry in the above event, I hereby freely agree to and make the following contractual representations and agreements:

I agree to wear a helmet while riding in this event.

I fully realize the dangers of participating in a bicycle event and fully assume the risks associated with such participation including by way of example, and not limitation, the following: the dangers of collisions with pedestrians, vehicles, other participants, and fixed or moving objects; the dangers arising from surface hazards, equipment failure, inadequate safety equipment and weather conditions; and the possibility of serious physical and/or mental trauma or injury associated with the Corporate Cycling Challenge.

I hereby waive, release and discharge for myself, my heirs, executors, administrators, legal representatives, assigns and successors in interest (hereinafter collectively "successors") any and all rights which I have or which may hereafter accrue to me against the sponsors of this event, the Eastern Nebraska Trails Network, and any promoting organizations(s), property owners, law enforcement agencies, all public entities, special districts, and properties (and their respective agents, officials, and employees), through or by which the events will be held for any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with the event, or travel to or return from the event.

I agree it is my sole responsibility to be familiar with the event course, and any special rules and regulations for the event. I understand and agree that situations may arise during the event which may be beyond the immediate control of the event officials or organizers, and I must continually ride so as to neither endanger myself nor others. I accept responsibility for the condition and adequacy of my equipment. I will wear a helmet which can protect against serious head injury, and assume all responsibility and liability for the selection of such a helmet. I have no physical or medical condition which, to my knowledge, would endanger myself or others if I participate in this event, or would interfere with my ability to participate in this event.

I agree, for myself and successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my successors assert my claim in contravention of this agreement, I or my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other party or parties are finally judged liable on such claim for willful and wanton negligence. This agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provision herein or as a consent to any other provision herein or as a consent to any subsequent waiver or modification.

## EMERGENCY CONTACT INFORMATION:

Contact's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Age (if under 19) \_\_\_\_\_ Parent or Guardian must sign below.

**PARENT OR GUARDIAN OF A MINOR:** I, as a parent or guardian of the above named minor, hereby give my permission for my child, or ward, to participate in the event, and further agree individually and on behalf of my child, or ward, to the terms of the above.

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_