

ST. PATRICK'S DAY ENTRY FORM

(Please print)

A separate entry form is required for each rider. This form may be photocopied or downloaded from www.wheelmen.com for additional entries.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: (____) _____ E-mail: _____

Emergency Contact Name: _____

Is this the person on the ride? Yes No

Emergency Phone Number: (____) _____

LIABILITY WAIVER

In signing this waiver for myself, or as parent or legal guardian for the entrant named above, I hereby release from responsibility and hold harmless from any claim, foreseen or unforeseen by me or my family, estate, heirs or assigns, the Wheeling Wheelmen, Inc. ("Wheeling Wheelmen"), and its agents, employees, officers, volunteers, other participants, any sponsors, advertisers and owners or lessors of the premises on which the St. Patrick's Day Ride takes place for any and all claims, damages, demands, injuries and losses whatsoever, arising from my transportation to, participation in and/or presence at the St. Patrick's Day Ride, and do so entirely of my own initiative. I understand that riding a bicycle on a public street or road can be a risky and dangerous activity and may result in serious bodily injury, including permanent disability, paralysis and death (collectively, "risks"). I fully accept and assume all such risks and all responsibility for all costs, damages and losses I incur as result of my participation in the St. Patrick's Day Ride. I agree to obey all traffic laws and operate my bicycle in a safe manner. I certify that I have read this waiver, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely of my own free will and accord. If the entrant is a minor, I, the minor's parent or legal guardian, understand the nature of bicycling activities and the minor's experience and capabilities and believe the minor to be qualified to participate in the St. Patrick's Day Ride. I also authorize emergency medical treatment if I or the above minor is injured.

_____* _____** _____/_____/_____
Signature (Age if under 18) Month Day Year

(Printed name of parent or guardian if rider is under 18)

* Rider under 18 requires signature of parent or guardian.

**Rider 12 years or under must be *accompanied by an adult* throughout the ride.

Entry Fee

Adult (over 12) \$10.00 \$ _____

Child (under 12) FREE FREE

TOTAL \$ _____

How did you hear about the ride?

Web Site Magazine

Friend Newspaper

Brochure

Bike Shop _____ (name)

Other _____ (name)

Make checks payable to: Wheeling Wheelmen - No debit or credit cards