## St. Patrick's Day Ride Registration Form

## Make checks payable to: Wheeling Wheelmen

- A separate entry form is required for each rider.
- There is no pre-registration for this ride.
- If you like, you may print and complete this form before the ride to save time at registration.
- PLEASE PRINT

Last Name:		First Name:	
Address:			
City:		State:	ZIP:
Email:			Home Phone:
Emergency Name:		Emergency Phone Number:	
Is this person also on the ride? YES	NO		

## **Liability Waiver**

In signing this waiver for myself, or as a 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 it's agents, employees, officers, volunteers, other participants, any sponsors, advertisers and owners or lessors of the premises on which the St. Pat's 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. Pat's 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 a result of my participation in the St. Pat's 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 it's terms, understand that I have given up substantial rights by signing it and have signed it 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. Pat's Ride. I also authorize emergency medical treatment if I or the above minor is injured.

* Signature:	** Age if under 18:
Printed name of Parent/Guardian:	Date:

- \* Rider under 18 requires signature of parent or guardian.
- \*\* Rider 12 years or under must be accompanied by an adult throughout the ride.

		Amount	Total
Adult (over 12)	\$10.00	\$	
Child (12 or under)	Free	\$	