## **Urich Bikefest OnSite Registration Form**

PRINTED NAME OF PARTICIP	ANT:
ADDRESS:	
EMERGENCY CONTACT NAM	E:
EMERGENCY CONTACT PHO	NE:
Payment (check one):	Your planned route * (check one)
$\square$ Pre-paid online $\square$ Check $\square$	Cash
☐ Credit Card ☐ Coupon	☐ Metric Gravel Century
Make check payable to: MoBikeFed Credit/Debit card payment accepted—	□ Other Gravel Distancemiles  *Helps with planning. You can change ride length at any time.
	ABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL
	CONSENT AGREEMENT ("AGREEMENT")  If to participate in any way in Missouri Foundation for Bicycling & Walking sponsored
Bicycling Activities ("Activity") I, for myss 1. ACKNOWLEDGE, agree, and represent and in proper physical condition to particip roads and facilities open to the public durin warrant that if, at any time, I believe condit 2. FULLY UNDERSTAND that: (a) BIC INJURY, INCLUDING PERMANENT DICAUSED by my own actions, or inactions, to Activity takes place, or THE NEGLIGENCY SOCIAL AND ECONOMIC LOSSES eithth ASSUME ALL SUCH RISKS AND ALL participation or that of the minor in the Activation of the total the participation of the total three properties of premises and lessors of premises applicable, owners and lessors of premises from ALL LIABILITY, CLAIMS, DEMICAUSED IN WHOLE OR IN PART IN NEGLIGENT RESCUE OPERATIONS; A ASSUMPTION OF RISK, AND INDEMNITY WILL INDEMNIFY, SAVE, AND HOLD LOSS, liability, damage, or cost which any m I AM 18 YEARS OF AGE OR OLD UNDERSTAND THAT I HAVE GIVEN VOLUNTARILY AND WITHOUT ANY COMPLETE AND UNCONDITIONAL REAGREE THAT IF ANY PORTION OF THE SHALL CONTINUE IN FULL FORCE AND STATE OF THE SHALL CONTINUE IN FULL FORCE AND STATE OF THE SHALL CONTINUE IN FULL FORCE AND STATE OF THE SHALL CONTINUE IN FULL FORCE AND STATE OF THE STA	elf, my personal representatives, assigns, heirs, and next of kin: that I understand the nature of Bicycling Activities and that I am qualified, in good health, bate in such Activity. I further acknowledge that the Activity will be conducted over public gethe Activity and upon which the hazards of traveling are to be expected. I further agree and ions to be unsafe, I will immediately discontinue further participation in the Activity.  CYCLING ACTIVITIE'S INVOLVE RISKS AND DANGERS OF SERIOUS BODILY SABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be he actions or inactions of others participating in the Activity, the condition in which the CE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND er not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my vity.  ND COVENANT NOT TO SUE the Missouri Bicycle & Pedestrian Federation, Inc., their members, volunteers, and employees, other participants, any sponsors, advertisers, and, if so on which the Activity takes place, (each considered one of the "RELEASEES" herein) ANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING ND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, D HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, any incur as the result of such claim.  ER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A ELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I IS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING,
and that the course is NOT CLOSED. <b>Photo release</b> : The Missouri Bicycle & Ped	estrian Federation, its representatives and affiliated organizations may use N CITY CENTURY events, with or without my name and for any lawful purpose, including
PARTICIPANT'S SIGNATURE (onl	y if age 18 or over):
I HAVE READ THIS RELEASE $\Box$	DATE:

## MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

*I agree to follow all traffic laws during the rides. I understand that the rides take place on the open road under ordinary traffic laws and that the course is NOT CLOSED.* 

**Photo release**: The Missouri Bicycle & Pedestrian Federation, its representatives and affiliated organizations may use photographs taken of the minor during the QUEEN CITY CENTURY events, with or without the minor's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and online.

PRINTED NAME OF PARENT/GUARDIAN _				
ADDRESS:	CITT:	STATE	ZIP	
EMAIL:	PHON	E:		
PARENT/GUARDIAN SIGNATURE (only if page 1)	articipant is under the age of 18):			
I HAVE READ THIS RELEASE $\square$	DATE:			