

GEORGE STREET BIKE CHALLENGE FOR MAJOR TAYLOR

Rider Registration Form July 28, 2019

Name: _____



_____ **AGE** on July 28, 2019 (not USAC "racing age"). \$20 check payable to Major Taylor Assn.

Address: _____

City/Town: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

**RIDER
NUMBER**
To be filled in
by officials

- | | |
|--|---|
| <input type="checkbox"/> B12-15 boys ages 12-15 | <input type="checkbox"/> M60-69 men ages 60-69 |
| <input type="checkbox"/> G12-15 girls ages 12-15 | <input type="checkbox"/> M70+ men age 70 and up |
| <input type="checkbox"/> B16-17 boys ages 16-17 | <input type="checkbox"/> W18-34 women ages 18-34 |
| <input type="checkbox"/> G16-17 girls ages 16-17 | <input type="checkbox"/> W35-49 women age 35-49 |
| <input type="checkbox"/> M18-34 men ages 18-34 | <input type="checkbox"/> W50-59 women age 50-59 |
| <input type="checkbox"/> M35-49 men ages 35-49 | <input type="checkbox"/> W60+ women age 60 and up |
| <input type="checkbox"/> M50-59 men ages 50-59 | <input type="checkbox"/> Tandem/triplet (males, females or mixed) |



LEAGUE OF AMERICAN WHEELMEN d/b/a LEAGUE OF AMERICAN BICYCLISTS ("LAB")
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in any way in Seven Hills Wheelmen (SHW) sponsored bicycling activities, I for myself, my personal representatives, assigns, heirs, and next of kin:

1. acknowledge, agree and represent that I understand the nature of bicycling activities and that I am qualified to participate in such activities. I further acknowledge that the Activities will be conducted over public roads and facilities open to the public during the activities and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
2. fully understand that: (a) bicycling activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and the and the risk of death; (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activities, the conditions in which the activities take place, or the negligence of the other participants designated below; (c) there may be other risks and social or economic losses either not known to me or not readily foreseeable at the time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activities.
3. hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless SHW, their representatives, administrators, directors, agents, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and leasers of premises on which the Activities take place (each considered one of the "releasees" herein) from all liability claims, demands, losses, or damages on my 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 I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the "releasees," I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which any may incur as the result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance notwithstanding shall continue in full force and effect.

PARTICIPANT'S SIGNATURE / PARENT'S OR GUARDIAN'S SIGNATURE IF PARTICIPANT IS UNDER 18

*** I HAVE READ THIS RELEASE _____



This event is not sanctioned by USA Cycling or the U.S. Cycling Federation.

Mail with \$20 to: MAJOR TAYLOR ASSOCIATION, PO BOX 20131, WORCESTER, MA 01602