

BUDAK MEMORIAL BIKE RIDE

Registration Form

E-mail: tjglowack@midco.net
or hoasobczynski@backusab.org
or hockeycycle@gmail.com

August 28, 2010

Phone: 218-283-4182
Phone: 218-285-7225, Fax: 218-285-7118
Phone: 218-283-6121

Rider's Information:

Last Name: _____ First Name: _____

Sex: _____ Age: _____

Address: _____

City, State, Zip: _____

Home Phone Numbers: _____ Work Phone Numbers: _____

Check Route: _____ Ranier and back _____ Voyageur National Park and back

T-Shirt Size (please circle): Adult S M L XL XXL
Youth S M L

Registration Fee:

Before August 16, 2010

\$25 per person
\$65 per family of three or more

After August 16, 2010

\$35 per person
\$95 per family of three or more

Make check payable to and
Mail or fax Registration form to:
Fax: 218-285-7118
Backus Community Center
900 Fifth Street
International Falls, MN 56649

WAIVER MUST BE SIGNED! WAIVER AND RELEASE OF LIABILITY

- Identification of Risks.** I understand that participation in any bike ride ("the Activity"), involves risks of serious injury, including permanent disability, death and other losses, both to me and my property. I understand that these injuries and losses might result not only from my actions, but the actions, inactions, or negligence of others inside and outside the Activity.
- Assumption of the Risk.** I assume all risks for any injury or loss associated with my participation in the Activity.
- Waiver.** I agree to indemnify and hold Backus Community Center, their affiliate associations, program/event hosts, directors, officers, employees, operators, trustees, members, agents, volunteers, and each of them harmless against and from any and all claims, expenses (including reasonable attorney's fees), costs, damages, losses, accidents, fines, judgments, awards, liabilities, and causes of action that I may now have or that may arise in the future as a result of my participation in the Activity. This waiver and release shall apply to any personal representatives, heirs, beneficiaries, or assigns who may pursue any legal action or claim on my behalf.
- Applicable Law.** This waiver and release informed under and is to be interpreted consistent with laws of the state of Minnesota.
- Insurance.** I currently have, and agree to maintain throughout the time that I participate, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing this coverage for me.
- State Rules.** Bicycles may ride on all Minnesota roads, except where restricted. Bicyclists should ride on the road, and must ride in the same direction as traffic. Bicyclists must obey all traffic control signs and signals. Bicyclists must yield to the right-of-way to each other. Bicyclists should always wear helmets.

FOR ATHLETES OF MINORITY AGE

Athletes under 14 years of age at the time of the Activity must be accompanied by an adult.

Athletes under 21 years of age at the time of the Activity and a resident of West Virginia, Alabama, Mississippi, Nebraska, Pennsylvania or Wyoming must have the parent or legal guardian sign below.

Athletes under 18 years of age must have the parent or legal guardian sign below.

NO ATTEMPTED MODIFICATION OF ALL OR ANY PORTION OF THIS AGREEMENT SHALL BE EFFECTIVE AS AGAINST BACKUS COMMUNITY CENTER UNLESS IT IS IN WRITING AND SIGNED BY AN OFFICER OF BACKUS COMMUNITY CENTER.

*The above Waiver, Assumption of risk, and Release of Liability are hereby acknowledged and agreed to:

Signature: _____

Printed Name: _____ Date: _____

*I will _____ or will not _____ be wearing a helmet on this bike ride. _____ signature

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____ Relationship _____