

# SUNDAY IN JUNE - ADULT (18 +) REGISTRATION FORM

REGISTRATION WILL BE PROCESSED UPON RECEIPT OF COMPLETED REGISTRATION FORM, FULL FEE PAYMENT, AND LIABILITY WAIVER IS DATED/SIGNED.

**PLEASE PRINT LEGIBLY- FOR YOUR SAFETY**

**ONE FORM PER RIDER - NO EXCEPTIONS!**

**1 RIDER IDENTIFICATION AND EMERGENCY PHONE CONTACT**

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LAST NAME

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FIRST NAME

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BIRTH DATE(MM-DD-YY)

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EMAIL ADDRESS (Please Print Legibly)

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YOUR MOBILE PHONE—ON RIDE

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EMERGENCY PHONE — ON RIDE or NOT

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FULL NAME OF EMERGENCY PHONE CONTACT—ON RIDE or NOT

**2 YOUR RIDE DISTANCE and MAP(S) - CHECK ONE BOX ONLY**

<input type="checkbox"/> 25 mile RIDE (25 mi Map)	<input type="checkbox"/> 40 mile RIDE (40 mi Map)	<input type="checkbox"/> 65 mile RIDE (40 + 25 mi Maps)	<input type="checkbox"/> 100 mile RIDE (40 + 35 + 25 mi Maps)
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**3 ADULT RIDER FEE—CHECKMARK BOX and PAY at REGISTRATION CHECKOUT**

<input type="checkbox"/> <b>\$50.00</b> Same Day Registration— 1 Adult Only (age 18 and above)
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(PAY BY CASH or CHECK (payable to Cleveland Touring Club, LLC) at CHECKOUT)

# Release and Waiver of Liability, Assumption of Risk, and Indemnity

4

**(“Agreement”) for Cleveland Touring Club, Bicycling Club  
Fully Paid Member of League of American Bicyclists (“LAB”)**

**(This form to be used only for Individual Adults 18 years of age or older)**

IN CONSIDERATION of being permitted to participate in any way in CLEVELAND TOURING CLUB, LLC sponsored Bicycling Activities including *Sunday in June*, 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, in good health and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity 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) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING **VIRAL INFECTIONS, BACTERIAL INFECTIONS AND OTHER COMMUNICABLE DISEASES AND ILLNESSES**, PERMANENT DISABILITY, PARALYSIS, AND DEATH, (“Risks”); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this 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 Activity.

3. HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Cleveland Touring Club, the LAB, its respective administrators, directors, agents, officers, members, volunteers and employees, other participants, any sponsors, advertisers, and, if applicable, owners, and lessors of premises on which the Activity takes 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 is, 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 AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY 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. I 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 FULL NAME**

**(PRINTED):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARTICIPANT’S SIGNATURE:** \_\_\_\_\_ **I HAVE READ THIS RELEASE**