

WAIVER STATEMENT

In consideration of the acceptance of my registration in the 2011 7th Yellow Brick Road Ride event, I hereby freely agree to and make the following contractual representatives and agreements. I fully realize the dangers of participating in a bicycle ride and fully assume the risks associated with such participation including, by way of example, and not limitation, the following: the dangers of collision with pedestrians, vehicles, other riders and fixed or moving objects; the dangers arising from surface hazards, equipment failure, inadequate safety equipment and weather conditions.

- I hereby waive, release and discharge for myself, my heirs, executors, administrators, legal representatives, assigns and successors in interest (hereinafter collectively "successors") any and all rights which I have or which may hereafter accrue to me against the sponsors of this event, the organizers and any promoting organization(s), property owners, law enforcement agencies, all public entities, special districts, and properties (and their respective agents, officials and employees) through of by which the event will be held for any and all damages which may be sustained by me of directly or indirectly in connection with, or arising out of, my participation in or association with the event, travel to or return from the event.
- I agree it is my sole responsibility to be familiar with the ride course, and special regulations for the event. I understand and agree that situations may arise during the ride, which may be beyond the immediate control of the ride officials, or organizers and I must continually ride so not to endanger myself or others. I accept responsibility for the condition and adequacy of my equipment. I will wear an ANSI or SNELL approved helmet and will adhere to the rules of the road while riding in this event.
- I agree, for myself and successors, that the above representatives are contractually binding, and are not mere recitals and that should I or my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other party / parties are finally adjudged liable on such claim for willful and wanton negligence. This agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provision herein or as consent to any subsequent waiver of modification.

(Pre-Registration fee includes: tee, breakfast, & sports massage if you register in time. ***Two deadlines: 9/16 to guarantee cotton tee & 9/28 to receive breakfast.** Registration Fee goes up \$5/person after 9/16.

| SELECT ROUTE: | Fee before 9/16 | Fee After 9/16 | BREAKFAST (see deadline above*) | BREAKFAST for non-riding friends (see deadline) |
|----------------------------------|------------------------|-----------------------|--|--|
| <input type="checkbox"/> 15 Mile | \$25 | \$30 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes (\$7 each) = _____ |
| <input type="checkbox"/> 28 Mile | \$35 | \$40 | <input type="checkbox"/> No | |
| <input type="checkbox"/> 58 Mile | \$35 | \$40 | | |

| SELECT TEE SIZE | |
|---|------------------------------------|
| Adult Tee (see deadline above): | |
| <input type="checkbox"/> S | <input type="checkbox"/> 3XL + \$3 |
| <input type="checkbox"/> M | <input type="checkbox"/> 4XL + \$4 |
| <input type="checkbox"/> L | |
| <input type="checkbox"/> XL | |
| <input type="checkbox"/> 2XL +\$2 | |
| Check here if you do not want a tee _____ | |
| I would like to purchase extra tees (>=\$10 ea) SIZE(s) _____ | |

| |
|--|
| Sports Massage: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

First Name _____ Last Name _____

Email _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Emergency phone _____

Rider's signature _____ Date _____

If under 18 years of age, parent or guardian must also sign. I, as parent or legal guardian of the above named minor, hereby give my permission for my child or ward to participate in the event, & further agree, individually & on behalf of my child or ward, to the terms of the above waiver & release.

Parent/Guardian Signature _____ Date _____

Please mail registration form and check to: Wamego Community Foundation/Trail Fund, Box 25, Wamego, KS 66547