

Waiver and Disclaimer of Liability:

In consideration of the acceptance of my registration in the 2010 6th Annual Cabin Fever Challenge Bicycle Ride/Bike Swap Meet/Yahtzee Run, 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 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.

(Please circle which route you plan to take.) Registration form must be received by March 26.

Single Rider - \$30 each for the 37 and 53.4 mile route (After Mar 26 fee is \$35).

Single Rider - \$20 each for the 16 mile route (After Mar 26 fee is \$25).

I will be bringing items for Bike Swap Meet. Email item info to Diane (novakd@scicable.com) by Mar 26. Items emailed after that date will not get as much publicity. (Space and publicity is free for Cabin Fever Challenge participants, \$5 for non-participants.) See website or brochure for additional info.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Emergency Phone _____

Email _____

Register by **Mar 26** to guarantee a cotton tee:

Cotton Tee: (**Circle size**) **Unisex:** S M L XL 2XL (+\$1) 3XL (+\$2) **Youth:** XS S M L XL

I would like to purchase extra cotton tees (>=\$10 ea) T-Shirt Size(s) _____

I would like a technical jersey (\$65ea). Complete Technical Jersey order form on website. **Feb 19** deadline for this order.)

I would like breakfast (included with registration fee) Yes No

Breakfast for non-riding friends (pre-register by April 12) (\$7ea) = _____

I would like a sports massage. Yes No

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, and further agree, individually and on behalf of my child or ward, to the terms of the above waiver and release.

Parent/Guardian Signature _____ Date _____

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