

2023 Howard's Friend Bike Ride

Registration Form

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Shirt size: *S M L XL XXL Route: 5mi 10mi 20mi 40mi 60mi

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Friends of the Pere Marquette Rail Trail and the Howard's Friend Bike Ride, City of Midland, Midland County, and Isabella County; their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless, and Agree Not To Sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event. The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I acknowledge that this Accident Waiver and Release of Liability form will be used by the persons or entities being released in the activity or event listed above and that it will govern my actions and responsibilities in said activity or event. I hereby certify that I have read this document; and, I understand its content. I am aware that this is a release of liability as well as a contract and I sign it of my own free will.

Print Participant's Name _____ Age _____ Date _____

Signature (If under 18 years old, Parent or guardian must also sign) _____

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and/or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and is fully responsible and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name _____ Age _____ Signature of Parent or Guardian _____ Date _____