



Bike Challenge Registration Form



FRIENDS OF SAINT ANNE'S BIKE CHALLENGE REGISTRATION:

(Must be received along with payment by 07/20/2009)

Name _____

Address _____

City, State, Zip _____

Telephone _____

E-Mail Address _____

Age As Of 07/26/2009: _____ (if under 18, please have parent or guardian sign consent form below)

Emergency Contact _____

Emergency Contact Phone _____

Please Check the Ride You Will Be Participating In:

8-mile 25-mile 50-mile (mileages approximate)

Registration Fee of \$25.00 enclosed: Check Cash
(Registration Fee will be \$35.00 day of the event)

____ I have read and agree to the terms of the Liability Waiver (waiver must be signed to participate)

MAIL COMPLETED FORM AND PAYMENT TO:

Friends of Saint Anne's Hospital
C/O Citizens-Union Savings Bank
Attn: Virginia Mulrooney, Marketing Dept.
PO Box 1311
Fall River, MA 02722-1311

PARENTAL CONSENT (For Riders under 18)

I, the minor's parent and/or legal guardian, understand the nature of bicycling activities and the minor's experience and capabilities and believe the minor to be qualified, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant, not to sue, and agree to indemnify and save and hold harmless each of the Releasees from all liability, claims, demands, losses, or damages on the minor's 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 further agree that if, despite that release, I, the minor, or anyone on the minor's 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 any such claim.

SIGNATURE _____

NAME _____ DATE _____

LIABILITY WAIVER:

Please sign and date below. You will not be able to ride without a completed waiver.

IN CONSIDERATION of being permitted to participate in anyway in the Friends of Saint Anne's Hospital Bike Challenge 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 are to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY INCLUDING 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 condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMES BELOW; (c) There may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable to me at this time; and I FULLY ACCEPT AND ASSUME THAT ALL SUCH RISKS AND ALL RESEPNOSIBILITIES FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Friends of Saint Anne's Hospital Bike Challenge Group, their respective administrators, directors, Saint Anne's Hospital, trustees, 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 to be 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 NEGLIGENCE RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF RELIABILITY, 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 period. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY 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 AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

SIGNATURE _____

NAME _____ DATE _____

ALLERGIES _____

MEDICAL CONDITIONS _____
