Conway Community Bike Fest

In consideration of the acceptance of registering and participating in this event, I, hereby, for myself, my heirs, executors, administrators and anyone entitled to act on my behalf, release and discharge Conway Regional Health and Fitness Center and Conway Advocates for Bicycling, their representatives and successors, promoters, managers, directors, officials, agents, sponsors and their employees, and volunteers from any and all claims of injury or liabilities of any kind, illness or damages suffered by me, as a result of my participation in or traveling to or from this event.

I realize that bicycling, or volunteering to work in the Conway Community Bike Fest can be a potentially hazardous activity. I should not sign up to participate unless I am medically able.

I agree to abide by any decision of the director or leaders relative to my ability to safely complete the bicycling event. I assume all risks associated with bicycling, leading, and volunteering to participate in or work in this event, including but not limited to falls, contact with other participants, the effect of the weather, including high heat and/or humidity, the conditions of the bike trail, all such risks being known and appreciated by me.

I realize that this is a physical activity and hereby certify that I am in such physical condition and good health to participate in this event. I also give my permission for the free use of my name and picture in any written account, broadcast of telecast of this event for legitimate purpose.

Signature (if participant is 18+ years, if not, parent’s signature):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Printed Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_