

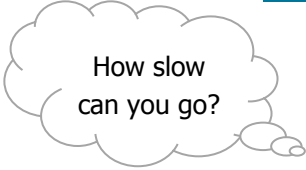


Coastal Trails Coalition

www.coastaltrails.org

Slow Bike Race Wednesday July 29, 2015 Entry Form

Last one across
the finish line
--without
touching a foot
down—
wins!



Registration starts 5:30 pm, "Race" at 6:00 pm. Entry fee: \$25

Wednesday of Yankee Homecoming week Rain or Shine Brown Square Newburyport MA

Please make checks payable to: Coastal Trails Coalition Inc. PO Box 1016 Newburyport MA 01950

The Coastal Trails Coalition is a registered 501(c)(3) organization. All donations are tax deductible.

For information contact: Cyd Raschke 978 462 2733 info@coastaltrails.org

Thank you for supporting our trails!

Participant's Name: _____

Mailing Address: _____

Email Address: _____ **Phone #** _____

Representing: Self Organization _____
(Please Specify)

Division: Adult Youth (6-12) Child (under 6)

Please read and sign Waiver on reverse of this form.

Sponsors:

Donor's Name: _____ Amount: \$ _____

Donor's Name: _____ Amount: \$ _____

Donor's Name: _____ Amount: \$ _____

Donor's Name: _____ Amount: \$ _____

Total Amount of Contributions: \$ _____

*Funds are due by Race Day to qualify for fundraising prizes.
Please list additional sponsors on an additional sheet of paper.*

Thank you very much for your generous support of the Coastal Trails.

For Official Use:

VIP Heat:

Bib #:

Please Invoice

Check

Paid by Cash

For Official Use:

Coastal Trails Coalition

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PO Box 1016 Newburyport MA 01950

SLOW BIKE RACE ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for injury and property loss.

The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event. I hereby assume all of the risks of participating in this event.

I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

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 the Coastal Trails Coalition, their directors, officers, employees, volunteers, agents, event holders, event promoters, event sponsors, event volunteers, event permit grantors, event property owners, and event participants, from any and all liability for my death, disability, personal injury, property damage, property theft, lost income, or any other losses, costs or actions of any kind which hereafter may accrue to me by virtue of my training for this event, my participation in this event or my travel to or from this event;

(B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

I understand that I assume responsibility for the mechanical soundness of the bicycle and its parts, including but not limited to tires, gears, chain and bolts. I have examined or will examine the bicycle and certify that it is properly assembled and fit to ride. I accept responsibility for damaged or lost equipment.

I hereby certify that I have read this document; and, I understand its content.

Bib # _____

Name (print) _____

Age* _____

Whom to notify in case of emergency: _____ Phone _____

Signature of entrant: _____ Date _____

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

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity 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.

Signature of parent or guardian: _____