

SHENANDOAH FALL FOLIAGE BIKE FESTIVAL

2017 Registration, Release and Assumption of Risk

PLEASE USE ONE FORM PER PERSON



Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 Email _____
 Age _____ (ID required if under 18)

Please check one: First Time Attendee Returnee
If new, how did you hear about this event? Brochure Twitter
 Facebook Website (shenandoahbike.org) Bike Virginia Bike Shop
 Friend Other: _____

Emergency Contact

Name _____
 Phone _____
Will your Emergency Contact be on the ride? Yes No

T-shirt Size (adult sizes)

Please check one: S M L XL XXL 3XL 4XL 5XL
 ADD \$2 EXTRA

Type of Riding

On Road Saturday Sunday
Century Saturday Sunday
Country Roads (fat tire) Sunday

Accommodations

I will camp \$10 per tent \$ _____
 I will sleep in gym \$10/2 nights \$ _____
 I do not require accommodations.

Registration Fees

Adult (18 and over) through Aug. 20. . \$80* \$ _____
 *Applies coupon code **BROCHURE17** for \$5 discount if postmarked by Aug 20
 Adult (18 and over) Aug. 21–Sept. 30 \$90 \$ _____

Family-Friendly Discount

Youth (6-17): Riders under 18 must be accompanied by an adult at all times.) \$15 \$ _____
 Child (5 and under): Riders under 5 must be on a bike with an adult.) **Free**
 Non-rider \$35 \$ _____

Other Fees

Late Fee (after September 30) \$10 \$ _____
 Walk-In Late Fee \$25 \$ _____
 XXL-5XL T-shirt \$2 \$ _____

Bike Jerseys must be ordered online at ShenandoahBike.org. You will have an option to pay by credit card or by mailing in a check.

TOTAL: \$ _____

SIGNATURE NECESSARY FOR PARTICIPATION.

In consideration of my participation, I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors), any and all rights and/or claims which I have, may have or may hereafter accrue to me against the sponsors, promoters and organizers of the Shenandoah Fall Foliage Bike Festival, Inc. dba as the Fall Foliage Bike Festival (hereafter known as the Fall Festival), or other sponsors or affiliated organizations and their respective agents, officers, employees and volunteers for any and all damages, injuries or claims which may be sustained by me directly or indirectly arising out of my participation in the Fall Festival.

I, the undersigned, freely acknowledge and realize the dangers of participating in the Fall Festival, and fully assume all risks including, but not limited to, collision with pedestrians, vehicles, other riders, and/or fixed or moving objects, the negligence of other riders, sponsors, promoters or drivers, and dangers arising from falls, road surface, equipment failures, inadequate safety equipment, weather conditions, as well as the possibility of physical and/or mental trauma (or injury). I understand that any route or activity chosen as a part of our outdoor adventure may not be the safest, but has been chosen for its interest or challenge. I understand that the route requires bicycling on public roadways and in bad weather and that cyclists have been hospitalized and/or killed because of traffic mishaps that are either their responsibility or others' responsibility. I further agree that I will bear all expenses incurred in any such accidents.

I realize that the Fall Festival requires physical conditioning and represent that I am in sound medical condition. I have no physical or medical impediment, which would endanger myself or others. I understand and agree that a situation may arise during the Fall Festival which may be beyond the control of the sponsors, promoters or organizers and agree to ride so as not to endanger either myself or others.

I will wear a certified bike helmet when riding a bike during the Fall Festival. I will obey all Virginia traffic laws and regulations. I understand if I leave the route I am no longer on the ride. I agree that my photograph, video or voice may be used in the promotion or advertising for the Shenandoah Fall Foliage Bike Festival with no compensation due.

The above agreements and representations are my express understanding of the risks and I assume these voluntarily and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect. I accept the responsibility for the condition and adequacy of my bicycle and agree to abide by the rules of the Fall Festival relating to wearing a helmet, riding single file, wearing an identification tag as well as other organization requirements.

Date: _____, 2017
 Signature: _____
 Printed Name: _____

Parent/Guardian Release

EVERYONE UNDER EIGHTEEN (18) YEARS OF AGE MUST HAVE THE FOLLOWING COMPLETED. I, as parent or guardian of the above named minor, hereby give my permission and consent voluntarily and freely for my child to participate in the Fall Festival. I further agree individually and on behalf of my child to the above terms after having read the "Fall Festival Release and Assumption of Risk."

Date: _____, 2017
 Signature of Parent/Guardian: _____
 Printed Name of Parent/ Guardian: _____

MAIL WITH PAYMENT TO:

Fall Foliage Bike Festival, P.O. Box 3267, Staunton, VA 24402

Send CASH or CHECK only. Credit Cards are accepted for on-line registration only.