

Registration Form

Harvest Homecoming Bike Tour

Important! Read & sign this release!

I, the undersigned, freely acknowledge and realize the dangers of participation in the Harvest Homecoming Bicycle Tour (HHBT) and fully assume all risks including, but not limited to, collision with pedestrians, animals, vehicles, other riders, and/or fixed or moving vehicles, sponsors, promoters, or drivers, and dangers arising from falls, road surface, equipment failure, inadequate safety equipment, weather conditions, as well as the possibility of physical and mental trauma. I understand that the route requires bicycling on public roadways, in possible bad weather and that cyclists have been hospitalized and killed because of traffic mishaps that are either their responsibility or others' responsibility and I further agree that I will bear all expenses incurred in any such accidents.

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

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 or promoters of the HHBT including the Southern Indiana Wheelmen or their sponsors or affiliated organizations and their respective agents, officers, and employees for any and all damages, injuries, or claims which may be sustained by me directly or indirectly arising out of my participation in the HHBT. The above agreements and representations are my expressed understandings of the risks and I assume them voluntarily and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect. I accept responsibility for the condition and adequacy of my bicycle, will wear a helmet as required, will carry water and personal identification at all times, and agree to abide by the rules of the HHBT.

Signed (guardian If under 18)

Date



siwheelmen.org

Print clearly

Name _____ M/F _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Emergency Contact Name/Relationship _____

Emergency Contact Phone _____

Ride Distance: 5 25 40 65

\$60 Adult \$ _____

\$15 Child (12 and under) \$ _____

Credit Card Fee _____ \$1.00

Total Cost \$ _____

Make checks payable to "Southern Indiana Wheelmen"

*A portion of the proceeds will be
donated to Dare to Care.*



Dare to Care
Food Bank

Please read & sign

No refunds