QUEEN CITY CENTURY 2024

OnSite Registration Form

Payment Option (check one): Pre-paid online Check Clash Credit Card Coupon Tshirt: Purchase Today None Tshirt: Surchase Today None Tshirt Size: S M L XI. XXI. PRINTED NAME OF PARTICIPANT: ADDRESS: CITY: EMAIL: EMERGENCY CONTACT NAME: EMERGENCY CONTACT NAME: EMERGENCY CONTACT HONE: TRELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT") IN CONSIDERATION of being permitted to participate in any way in Missouri Foundation for Bicycling & Walking sponsore Bicycling activities ("Activity") 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 healt and in proper physical condition to participate in such Activity. I (Turther acknowledge that the Activity will be conducted over public orads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree warrant that if, and ynine, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. 2. PULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODIVINIURY, NICLIDING 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, and the Activity and participation or the Activity and participation or the participation in the Activity and participation or the Activity. SOCIAL AND ECONOMIC LOSSES either not known to me or not readily	Make check payable to: <i>MoBikeFed</i> Credit/Debit card payment accepted—just ask for the form.	Your planned route * (check one) Full Century Compared to the compared to
Tshirt Size: S M L XL XLL PRINTED NAME OF PARTICIPANT: ADDRESS: CITY: EMAIL: EMERGENCY CONTACT NAME: EMERGENCY CONTACT PHONE: RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT") IN CONSIDERATION of being permitted to participate in any way in Missouri Foundation for Bicycling & Walking sponsore Bicycling Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good healt and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public activity in the public during the Activity, and public will be active and activity. I further acknowledge that the Activity will be conducted over public NULLY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"): (b) these Risks and dangers may be SOCIAL AND ECOMOMIC LOSSES either not known to me or not readily foresceable at this time; and I FULLY ACCEPT AND SOCIAL AND ECOMOMIC LOSSES either not known to me or not readily foresceable at this time; and I FULLY ACCEPT AND SOCIAL AND ECOMOMIC LOSSES SES either not known to me or not readily foresceable at this time; and I FULLY ACCEPT AND SOCIAL AND ECOMOMIC LOSSES. A		☐ Guided Tour (24 miles) ☐ Othermiles
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ADDRESS: CITY: EMAIL: EMERGENCY CONTACT NAME: EMERGENCY CONTACT NAME: EMERGENCY CONTACT PHONE: RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT") IN CONSIDERATION of being permitted to participate in any way in Missouri Foundation for Bicycling & Walking sponsore Bicycling Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next and that I am qualified, in good healt and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over publicads and inclines open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree an warrant that if, at any time, I believe conditions 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 RUINEY, INCLIDING 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 and the Property of the Property of the Activity and the A	Tshirt Size: $\square S$ $\square M$ $\square L$ $\square XL$ $\square XXL$	
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	I HAVE READ THIS RELEASE \Box DATE:	

MINOR RELEASE

AND 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, IN GOOD HEALTH, 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 RELEASEE'S 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 THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I agree to follow all traffic laws during the rides. I understand that the rides take place on the open road under ordinary traffic laws and that the course is NOT CLOSED.

Photo release: The Missouri Bicycle & Pedestrian Federation, its representatives and affiliated organizations may use photographs taken of the minor during the QUEEN CITY CENTURY events, with or without the minor's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and online.

PRINTED NAME OF PARENT/GUARDIAN _				
ADDRESS:	CITT:	STATE	ZIP	
EMAIL:	PHON	E:		
PARENT/GUARDIAN SIGNATURE (only if page 1)	articipant is under the age of 18):			
I HAVE READ THIS RELEASE \square	DATE:			