





I have no physical or mental condition, which to my knowledge, would endanger others or myself if I participate in this event, or would interfere with my ability to participate in this event.

\_\_\_\_\_  
**Initials**

**5. I certify that I have examined my insurance coverage or purchased appropriate insurance and confirm that this coverage is valid during participation in the Jim Krause Memorial Charity Bicycle Ride the Point.** I acknowledge full and sole responsibility for any and all medical expenses and/or costs that may be incurred as a result at attendance at these events. I am expected to arrive with medical or health, disability, life, or any other pertinent insurance coverage in effect. \_\_\_\_\_

**Initials**

**6. I agree for myself and successors** that the above representations are contractually binding and are not mere recitals and that should I or my successors assert a claim in contravention of this agreement, the asserting party shall be liable for the expenses (including legal fees) incurred by the other party or parties defending, unless the other party or parties are finally adjudged liable on such claim for willful and wanton negligence. This agreement may not be modified orally. Waiver of any provision of this agreement is intended to be severable. If one or more provision is found to be unenforceable or invalid, the remaining terms and provisions shall remain binding and enforceable. \_\_\_\_\_

**Initials**

**7. Type of event (description):** bicycle ride

Participants Name (printed): \_\_\_\_\_ Team/Club name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Who to Notify in Case of Emergency (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

## **Consent and Release of Parent or Guardian**

**I as the parent or guardian of the above-named minor** hereby give permission for my child or ward to participate in the event and further agree, individually and on behalf of my child or ward, to all items stated above.

Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_