Madison Area Bicycle Club Ride

Date _____

Registration and Waiver of Claim

In consideration of the acceptance of this application for the Madison Bicycle Club Ride, and realizing the possible risks involved on the tour, I hereby waive, release and discharge any and all claims of damage or death, personal injury, misadventure, and /or property damage which may happen during the event. I hereby release and hold harmless the Madison Area Bicycle Club, and/or other persons or entities associated with this event from and against any and all liabilities arising from or connected with my participation in this event. I further understand that a bicycle is a legal vehicle of the road in the State of Indiana, and I will ride in accordance with the Indiana Vehicle Code. I also agree to be a safe and courteous rider and ***I agree to wear a helmet at all times while riding my bicycle.***

Signature

Signature of parent or guardian

If participant is under 18	**Name(print)**	**Address**	**Phone**
	_____	_____	(___) ___-_____
	Emergency Contact & phone:	_____	(___) ___-_____
	_____	_____	(___) ___-_____
	Emergency Contact & phone:	_____	(___) ___-_____
	_____	_____	(___) ___-_____
	Emergency Contact & phone:	_____	(___) ___-_____
	_____	_____	(___) ___-_____
	Emergency Contact & phone:	_____	(___) ___-_____
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	Emergency Contact & phone:	_____	(___) ___-_____
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	Emergency Contact & phone:	_____	(___) ___-_____
	_____	_____	(___) ___-_____
	Emergency Contact & phone:	_____	(___) ___-_____
	_____	_____	(___) ___-_____
	Emergency Contact & phone:	_____	(___) ___-_____
	_____	_____	(___) ___-_____

Emergency Contact & phone: _____ (___) ___-_____