



36th BLUE WATER RAMBLE Bicycle Tour

SUNDAY, JUNE 25, 2017 ~ Algonac, MI

PLEASE PRINT CLEARLY

ONE RIDER or FAMILY PER APPLICATION

DUPLICATION ENCOURAGED

| | | | | |
|---|------|--------------|-------|---|
| Full legal name | | Phone | DOB | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address | | City | State | Zip |
| Additional family members 1 adult and/or children | Name | Relationship | DOB | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Name | Relationship | DOB | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Name | Relationship | DOB | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Email address – Required (receipt will be sent when registered) | | | | |
| <i>In case of emergency, please notify:</i> | Name | Relationship | Phone | |

WAIVER (Completed applications MUST include a signed waiver.)

LEAGUE OF AMERICAN BICYCLISTS (“LAB”) release and waiver of liability, assumptions of risk, and indemnity agreement (“Agreement”).

In consideration of my and/or my minor child being permitted to participate in any way in the CLINTON RIVER RIDER bicycle club (“CLUB”) sponsored bicycling activities (“Activity”), I, for myself and/or my minor child, my and/or my minor child’s personal representatives, assigns, heirs, and next of kin:

- Acknowledge, agree and represent that I/we understand the nature of bicycling activities and believe that I/we are qualified to participate in such activity. I further acknowledge that I and/or my minor child are aware the activity will be conducted over public roads and facilities open to the public during the activity and upon which the hazards of traveling are to be expected. We further agree and warrant that at any time that I and/or my child believe conditions are unsafe, being solely my/our responsible to do so; I/we will immediately discontinue further participation in the activity.
- Fully understand that: (a) bicycling activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death (“Risks”); (b) these risks and dangers may be caused by my own or my minor child’s actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes place or the action or the negligence of the “releasees” named below; (c) there may be other risks and social and economic losses either not known to me and/or my minor child or not readily foreseeable at this time; and I/we fully accept and assume all such risks and all responsibility for losses, costs, and damages incurred as a result of my or my minor child’s participation in the activity.
- Hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless the CLINTON RIVER RIDERS, the LMB, the lab, their respective administrators, directors, agents, employees, other participants, any sponsors, advertisers, and if applicable, owners and leasers of premises on which the activity takes place, (each considered one of the “releasees” herein) from all liability, claims, demands, losses, or damages on my account or my 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/we or anyone on my and/or my minor child’s behalf make 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 any cost that may incur as the result of any such claim.

I have read this agreement, fully understand its terms, understand that I and/or my minor child have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Participant’s Signature _____ Date _____

Participant’s Signature _____ Date _____

Parent or Legal Guardian Signature (if any participant is under 18 years old) _____

| | | | | | | | |
|--|--------------|--|--------------------------------------|-----------------------------------|-------------------------------------|-----------------------------|-----------------------------|
| Route selection (please check one) | | 27 miles <input type="checkbox"/> | 46 miles <input type="checkbox"/> | 63 miles <input type="checkbox"/> | 100 miles <input type="checkbox"/> | | |
| You are not restricted to riding this route. You can change your mind at any time. A selection at this time will help our planning committee. | | | | | | | |
| Clinton River Riders Bicycle Club 2017 membership | | Individual <input type="checkbox"/> \$20 | Family <input type="checkbox"/> \$30 | Add \$20 or \$30 | \$ | | |
| REGISTRATION FEE | Adult | Family | Minor 7-17 | Minor under 7 | One rider or family per application | | |
| Postmarked by 5/25/2017 | \$25 | \$55 | \$15 | Free | | | |
| Postmarked after 5/25/17 | \$30 | \$70 | \$20 | Free | | | |
| Day of | \$40 | \$90 | \$20 | Free | | | |
| Short sleeve T-shirt must be received by 5/25/2017 | | S <input type="checkbox"/> | M <input type="checkbox"/> | L <input type="checkbox"/> | XL <input type="checkbox"/> | 2X <input type="checkbox"/> | |
| Jersey orders must be received by 4/30/17 | | S <input type="checkbox"/> | M <input type="checkbox"/> | L <input type="checkbox"/> | XL <input type="checkbox"/> | 2X <input type="checkbox"/> | 3X <input type="checkbox"/> |
| T-shirts sizes S - XL = \$15 2XL = \$18 | | Jerseys all sizes = \$65 | | | | Total # of shirts | |
| Make check payable to: Clinton River Riders BWR | | Mail to: PO Box 46192, Mt. Clemens, MI 48046 | | TOTAL PAYMENT DUE | \$ | | |
| How did you hear about this event? Past participant <input type="checkbox"/> Friend/Family <input type="checkbox"/> Active.com <input type="checkbox"/> LMB Calendar <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | |