

2011 TOUR DE CARROLL REGISTRATION AND RELEASE
Please read and sign the waiver below

Name _____ Phone _____
Address _____ e-mail _____
City _____ State _____ ZIP _____

TShirt Size: S ___ M ___ L ___ XL ___ XXL ___ Ride planned: 8 ___ 25 ___ 39 ___ 63 ___

Mail this form to:
Tour de Carroll
63 E Main St, 6A
Westminster, MD 21157

Make checks payable to:
Tour de Carroll

Ride starts at Dutterer Family Park
directly behind Dutterer Florist
at 114 Pennsylvania Ave
Westminster, MD 21157

HELMUTS REQUIRED

In consideration of being permitted to participate in any way in Tour De Carroll sponsored bicycling activities (activity) I, for myself or assigned heir, representative, or next of kin:

1. acknowledge, agree and represent that I understand the nature of the activity and am qualified to participate.
2. fully understand that the activity involves risk and dangers of serious bodily injury, these risk and dangers may be caused by my own actions, or inactions, the action or inactions of others participating in the activity, the condition in which the activity takes place, or the negligence of the releasees named below, there may be others risks and social and economic losses either not known to me or not readily foreseeable at this time and I fully accept and assume all risks and all responsibility for losses, cost and damages I incur as a result for my participation or that of the minor that I have signed, for in the activity.
3. hereby release, discharge, and covenant not to sue Tour de Carroll, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers and if applicable, owner and lessors of premises on which the activity takes place, from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operation: and I further agree that if, despite the release and waiver of liability, assumption of risk and indemnity agreement, I or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save and hold harmless each of the releasees from any litigation expense, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this agreement, fully understand its terms, understand that I 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.

Printed name of Participant: _____
Participant Signature (if over 18 years old): _____ date _____
E- Mail address: _____

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED 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 RELEASEES FROM ALL LIABILITY, CLAIMS, DEMAND, 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 OF LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARTICIPANT _____

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS _____ (STREET)
(CITY) (STATE) (ZIP)

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____