



1st Annual PEDAL AGAINST POLIO Ride

Saturday April 9, 2016

REGISTRATION FORM

I'd like to participate in the Pedal Against Polio by riding in the:

- Indoor Ride \$125.00 Action Sports, 9500 Brimhall Road, Bakersfield
- Outdoor Ride \$125.00 River Oak Park, 12608 Monterey Beach Drive, Bakersfield

Participation includes a Tee Shirt, Water Bottle, and Ride Patch commemorating the event

Tee Shirt Size: _____

ORDERS BEFORE MARCH 20TH WILL HAVE GUARANTEED SWAG ON THE DAY OF THE EVENT

WHO ARE YOU REGISTERING FOR THIS EVENT? ROTARIAN SELF ___ SPOUSE ___ OTHER ___

*Note: To complete this registration, you must be 18 or older.

INFORMATION: Jason Cater
1424 17th Street | Bakersfield, CA 93301
jason@sagebakersfield.com (661) 665-6787



PARTICIPANTS INFORMATION

Name or Participant: _____

Gender (circle): Male Female

Date of Birth: _____

Email Address: _____

Day Phone: (____) _____

Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: (____) _____

SIGNATURE _____

How will you be paying:

Please invoice me with my monthly billing: _____ (If you are not a Rotarian, please identify the Rotarian who will be billed)

Rotarian Name (If billing is for another rider): _____

Sponsoring Rotarian's signature: _____

Check: _____

Please make check payable to ROTARY CLUB OF BAKERSFIELD
Rotary Club of Bakersfield-Downtown | P.O. Box 1628 | Bakersfield, CA 93302

Or turn it this form at the sign-in table at your weekly Club meeting

RELEASE OF LIABILITY

Please read carefully, sign and return this release with your registration form.

I realize that the **DISTRICT 5240 RIDE PEDAL AGAINST POLIO** requires physical conditioning. I represent that I am in sound medical condition, and that I have no physical or medical condition that would endanger me and/or others by participating in the PEDAL AGAINST POLIO RIDE.

I accept responsibility for the condition of my bicycle and agree to abide by all rules of the PEDAL AGAINST POLIO RIDE event including, but not limited to, the wearing of an ANSI, SNELL, or ASTM approved bicycle helmet at all times while riding my bicycle on the PEDAL AGAINST POLIO RIDE. I agree to follow all safety instructions of leaders and volunteers. I understand this is not a race. I will abide by all BIKE PATH, INDOOR GYM AND PEDESTRIAN LAWS AND REQUIREMENTS. I understand that bicyclists may ride NO MORE THAN two abreast unless conditions warrant otherwise.

I understand and am aware that there are a variety of specific risks and dangers inherent in voluntary bicycling and walking events including, but not limited to: falls; collisions with other bicyclists, motor vehicles or stationary objects; adverse weather conditions; and risks caused by road or pathway conditions. I also understand that by participating in the PEDAL AGAINST POLIO RIDE, I will be riding my bicycle on public BIKE PATH AND/OR AN INDOOR FACILITY with many other bicyclists, some of whom may be inexperienced at riding in groups. I understand that bicycling and walking involve a risk of injury, that injuries are an ordinary occurrence of an event like the PEDAL AGAINST POLIO, and that particular rules, equipment, safety instruction, and personal discipline may reduce this risk, but the risk of injury remains. I accept the fact that bicycling and walking can be hazardous and, in rare cases, can include serious injury.

I agree, for myself and on behalf of my heirs and anyone authorized to act on behalf of either, to freely and expressly assume and accept any and all risks relating to this event. I hereby release the sponsors and promoters of the PEDAL AGAINST POLIO, including Rotary International AND DISTRICT 5240, its officers, officials, agents and/or employees, volunteers and its Affiliated Parties from liability from any injuries or damages, which result, either directly or otherwise, from my participation in the PEDAL AGAINST POLIO. I understand that the term Affiliated Parties as used in this waiver includes partners, sponsors, volunteers, joint ventures, property owners or lessors, government agencies, and others endorsing, planning, participating in, or carrying out any aspect of the PEDAL AGAINST POLIO. I agree not to make a claim against or sue Rotary International or any Affiliated Parties for any injuries or damages which I may sustain related to the PEDAL AGAINST POLIO event.

I am aware that this is a release of liability. I am signing it freely and of my own accord. I recognize and agree that it is binding upon me, my heirs and assigns, and anyone claiming damages through me. In the event that I am signing it on behalf of any minor, I have full legal authority to do so, and realize the binding effect of this full release on any minor, as well as on myself. I agree to allow Rotary International and the Rotary Club of Bakersfield to use photographs, videos, or sound recordings of me for promotional purposes. If I am under 18 years of age I must participate on the PEDAL AGAINST POLIO with an adult registrant who will accompany me on the ride or walk.

Print Participant Name _____

Signature _____ Date _____

MINOR RELEASE: In addition to the above agreement, I, the minor's parent and/or legal guardian, understand the nature of the PEDAL AGAINST POLIO bicycling activities and am aware of the minor's level of experience and capabilities and believe the minor is qualified, in good health, and in proper physical condition to participate in such activity.

Parent/Guardian Signature: _____ Date _____

If parent/Guardian is not the accompanying adult, please note the name, address and relationship of the adult registering the minor for the PEDAL AGAINST POLIO.