

Westby Syttende Mai Bicycle Tour

www.vernontrails.com

May 18, 2019

Registration Form

Name: _____

Address: _____

City _____ State _____ Zip _____

Email: _____

Date of Birth _____ Gender: M F Route: 30K 60K 100K

Day of tour: \$40.00 Pre-Reg: \$30.00 Kid's 12 & under- \$2.00 without goodie bag, \$20 with.

Make check payable to **Vernon Trails**

Checks can be mailed to: *Vernon Trails % Alycann Taylor 311 N Washington Viroqua WI 54665*

You must sign waiver

1. In signing this release, I acknowledge that I understand the nature of Westby's Syttende Mai Bicycle Tour specifically and bicycle touring generally ("Activity") and represent that I am qualified, in good health, and in proper physical condition to participate in the Activity. I further acknowledge that 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. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. Further, I acknowledge and understand that the scope of the activity includes, but is not limited to bicycling, food services, possible equipment and personal transport, and arrangements and otherwise.
2. I fully understand that (a) the activity involves 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 actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "Releasees" named below; (c)there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time.
3. The foregoing understood, I hereby release and waive any and all claims against, Vernon Trails, Inc., Westby Syttende Mai, Inc., major sponsors, cooperating organizations, and any other parties connected with this event in any way, ("Releasees") singularly or collectively, and further hold harmless and indemnify such releasees from and against any liability, claims of negligence, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in Westby's Syttende Mai Bicycle Tour, or any other activity associated therewith. The foregoing notwithstanding, this is NOT a release and waiver of intentional or reckless acts. Such release, waiver, hold harmless and indemnity shall apply to my own claims and /or claims of third parties, relating to my participation in this event. This waiver is made in the state of Wisconsin, the laws of Wisconsin govern its terms and any action to interpret or enforce it shall be brought in Dane County in the State of Wisconsin.
4. I hereby consent to and permit emergency treatment, in the event of injury, illness or death. Vernon Trails, Inc. reserves the right to decline accepting or retaining any tour participant whose health or actions impede the operation of the tour or welfare of other tour participants. I give full permission for use of my name and photograph, motion pictures, videotapes, recording or other record of this event for any legitimate purpose.
5. I have read this agreement, fully understand its terms, and understand that I have given up substantial rights by signing it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of liability, within its terms, 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. The undersigned acknowledges having read and agreed to the terms of the foregoing Release and Waiver of Liability agreement. In this regard, the undersigned acknowledges and agrees that if the terms of the agreement are not acceptable the undersigned has the choice and option to forego participation in this voluntary event.

Signature (parent if under 18):

_____ Date: _____

Emergency Contact/Tel:

Name _____ Number _____