Three Rivers Festival Tour 2019 Registration

This form can be filled out on your computer and printed for mail in submission or you can print the blank form and fill in manually to send in. Please print carefully if filling in manually.

Name:

Address: City:

State: Zip:

Email:

Phone:

Are you a current 3RVS Member?

Yes ☐

No ☐

The entry fee includes refreshments and snacks at SAG stops, roving vehicle SAG support, well marked routes, route map, SWAG bag and 3RVS 50th Anniversary Cycling socks. For more information about the 3RVS bike club, visit our website at 3RVS.com, pick up a brochure at the local bike shops or ask one of the friendly volunteers at the tour. If you are not a 3RVS member, join today and recieve a $5 discount on registration.

Make checks payable to: **Three Rivers Velo Sport**

Mail registration form with fees and signed waiver to:

3RVS Festival Tour, PO Box 11391, Fort Wayne, In 46857

Ride Entry Fee

Adult (over 12)	3RVS Member	Non-Member	#	Sub Total
Before June 1	$25	$30		
June 1 - Jul 12	$30	$35		
After Jul 12	$35	$40		
Child (Under 13)	$15	$20		
Totals:			0	$ 0

Accident Waiver and Release of Liability

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, participants, volunteers, spectators, coaches, event officials, event monitors, producers of the event and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Three Rivers Velo Sport, Inc., P.O. Box 11391 Fort Wayne, IN 46857-1391, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers: (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event. I understand that approved bicycle helmets must be worn while riding in this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film, likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

By checking the Waiver Agreement, I certify that I have read this document and understand and agree to it's content.

Participant's Name: Age: ☐ Date: Waiver Agreement: ☐

Participant's Name: Age: ☐ Date: Waiver Agreement: ☐

Parent or Guardian Waiver for Minors (Under 18 Years Old)

The undersigned parent or guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Participant's Name: Age: ☐ Date:

Parent/Guardian Waiver Agreement: ☐