

# Cyclist Registration Form

LifeCycle 2017

Please Print:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone#: \_\_\_\_\_ Cell phone#: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone#: \_\_\_\_\_ Route: 5 14 26 55 80

T-Shirt size: Youth S M L Adult S M L XL XXL

Check# \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Credit Card# \_\_\_\_\_

Exp. Date \_\_\_\_\_ Credit Card Security Code \_\_\_\_\_

Waiver: I hereby certify the following: (1) I represent and warrant that I have been advised to consult my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation. (2) I understand and agree that there are inherent risks, both foreseeable and unpredictable, associated with any exercise activity. I agree to assume and accept full responsibility in spite of and with full knowledge of these risks. My participation in this activity is purely voluntary. I hereby fully agree and hold harmless Heart of Hope and all of its directors, employees, or volunteers, any sponsoring organization, together with their insurers, of and from any and all liability, claims, damages or causes of action for any reason, including, without limiting the generality of the following, death, bodily injury, property damage or any other loss or inconvenience whatsoever, suffered by me at any time hereafter occurring as a result of my voluntary participation in Heart of Hope LifeCycle 2017 Benefit Bike Tour. I do hereby, for myself, my heirs, executors and administrators, fully waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future programs. (3) I hereby consent that all interview, press interview, photographs, films, television and radio for the purpose of public and private release, showing or reproduction for public relations or marketing may be used by Heart of Hope without further consideration from me (Including photographs taken by Winston Photography). I also understand that all donations to Heart of Hope are non-refundable, non-transferable. (4) I hereby certify that I am at least 18 years of age or older. Participants less than 18 years old must have a parent/guardian present at the event who has signed the release form giving permission to ride.

Signature: \_\_\_\_\_

Bib# \_\_\_\_\_

Mail Registration To: Heart of Hope, 10420 Heart of Hope Way, Keithville, LA 71047

Phone: 925.4663