

GLASSNER AUTUMN CHALLENGE REGISTRATION

One participant per form. Rider information and signed Waiver and Release must be signed for each rider. Send completed registration to: Montgomery Bicycle Club, PO Box 231116, Montgomery, AL 36123

Last/First Name _____

Address _____

City _____

State _____

Zip _____

Home Phone _____

E-mail _____

Emergency Contact _____

Contact Phone _____

Course

- 30
- 50
- 62 (Metric Century)
- 100

Registration fee (rider reception, breakfast & t-shirt are included)

- \$30/rider if postmarked before August 14.
- \$40/rider if postmarked after August 14.

T-Shirt Size (circle one): S M L XL

**WAIVER (NEXT PAGE) MUST BE
SIGNED AND RETURNED WITH
YOUR CHECK.**

WAIVER AND RELEASE OF LIABILITY

For the sole consideration of being permitted to participate in the “Jim Glassner Memorial Autumn Challenge” thereafter referred to as “The Event”, I, intending to be legally bound, hereby release and forever discharge the Montgomery Bicycle Club, Inc. and each of its officers, servants, agents, employees, volunteers, members, their heirs and personal representatives, and all advertisers, sponsors and supporters of the Event and, if applicable, the owners and lessors of premises on which any part of, or any event associated with or related to the Event takes place, and all other persons firms and corporations liable, or who might be claimed to be liable (each considered to be on of the “Releasees” herein), from any and all claims, demands, damages, actions, causes of action, or suits of any kind and nature whatsoever, on account of any and all injuries both to my person and to my property, which may result from, or may in the future develop from, my participation in or traveling to and from the Event.

I understand that the Releasees are no responsible for, and are not insurers of my personal safety during the Event. I also understand that bicycling is an inherently dangerous activity and that the Event is conducted on roads that will be open to the public and that vehicles will be traveling on those roads during the Event. I fully realize and appreciate the dangers of participating in an organized bicycle ride. I realize that the Event requires physical conditioning and I represent that I am in proper physical condition to participate in the Event. I fully assume any and all risks associated with my participation in the Event, including, by way of example only and not in limitation, risks of personal injury, mental injury, emotional stress, trauma, death, contact with other participants or animals, equipment failure, inadequate safety equipment, the effects of weather (including extreme temperature or conditions), traffic, contact with motor vehicles of all types and descriptions, collision with other riders, pedestrians or fixed or moving objects, and the conditions of the road. I agree to follow all applicable traffic laws and wear and ANSI or SNELL approved helmet at all times while riding my bicycle.

I have completely read this release and I understand and accept the terms of it. I understand that the purpose of the release is to release all entities associated with the Event from any and all claims on account of any injury I might sustain during the event and that by signing this release I have given up substantial rights.

Signature _____

Date _____

Parent or Guardian (If under 19): _____