

BIKE BUCKEYE LAKE "TOUR DE BUCKEYE LAKE" REGISTRATION FORM

Print Name _____ EMail Address _____

Address _____

Age if Under 18 _____ Emergency Contact Phone Number _____

I acknowledge that the **TOUR DE BUCKEYE LAKE CYCLING EVENT** carries with it the potential for death, injury and/or property loss. The risks include, but are not limited to, vehicular traffic and actions of participants, volunteers, spectators or organizers of the event. I hereby assume the risks of participating in the TOUR DE LAKE CYCLING EVENT TO BE HELD AUGUST 25, 2018, beginning and ending at the Buckeye Lake Winery.

I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise of any condition that might limit my participation in any manner by qualified medical personnel.

For and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or other loss or harm all event sponsors, event organizers, event volunteers and all cities, counties, townships, and the state in which the event may be staged, and the officers, directors, employees, representatives, agents and volunteers of any of the foregoing. Further, I will defend, indemnify and hold harmless the persons or entities mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during the event.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during the event.

If photographed, I agree to allow my photo, video or film likeness to be used for any purpose by the event organizers, event sponsors and/or assigns.

This form shall be construed broadly to provide a release and waiver to the maximum extent possible under the applicable law.

I agree to wear a helmet when riding a bicycle. I agree to follow local traffic laws. A parent or guardian must accompany any child under 16.

Signature _____ Date _____

CONSENT TO MEDICAL TREATMENT FOR MINORS

I hereby ratify and confirm the signature of a minor.

I hereby authorize any doctor, emergency medical technician, hospital or other medical facility to treat such minor for the purpose of attempting to treat or relieve any injuries received by such minor while (s)he is a participant or observer at the **Tour de Buckeye Lake Cycling Event to be held August 25, 2018, in the Buckeye Lake Region.**

I authorize any licensed physician to perform any procedure which (s)he deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions of said minor that (s)he may encounter during any such procedure. I consent to the administration of anesthesia as deemed advisable by any licensed physician. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk on the behalf of myself and such minor. I acknowledge that no warranty is being made as to the results of any treatment.

Signature _____ Date _____