



Bib Number: _____

\$40 Registration fee on Ride Day

REGISTRATION FORM

Make checks payable to:

Magnolia Miles-GMPCC

2019 B-geO MAGNOLIA MILES WAIVER AND RELEASE OF LIABILITY

All participants of the 2019 B-geO Magnolia Miles Ride must sign this Waiver and Release of Liability ("Waiver") before participating. Otherwise they will not be a part or party to the

2019 B-geO Magnolia Miles Ride.

All minors must have their parent or guardian sign this waiver. Eighteen and under is considered a minor.

In signing this Waiver, I acknowledge that I understand its intent and for myself, my heirs, executors, administrators, and representatives do hereby agree release and hold harmless, Greater Magnolia Parkway Chamber of Commerce, Holy Name Retreat Center, TOMAGWA Healthcare Ministries, sponsors, cooperating organizations, event partners and any other parties connected with the organization and operation of this event, their officers, directors, shareholders, employees, agents, assigns, and successors in interest, (the "Sponsors"), singularly and collectively, from and against any and all liability for any personal injury, property damage, harm, loss, inconvenience, or any other damage of any kind whatsoever, both economic and non-economic, by my voluntary participation in the 2019 B-geO Magnolia Miles Ride.

I hereby acknowledge that Greater Magnolia Parkway Chamber of Commerce, Holy Name Retreat Center, TOMAGWA Healthcare Ministries and the other Sponsors do not exercise any control over the public right of ways and my use of these public right of ways and areas expose me and others to the hazards, both known and unknown, to persons and property, commonly, or potentially, associated with any such activity connected with my use of highways, streets and other traffic areas for this sponsored activity.

In addition to the absolute and unqualified release from any and all liability I hereby represent that I am physically capable of participating in this event, that my bicycle and any other equipment I may use to participate in the event is in working condition, that I will observe all applicable traffic and event rules and that I will wear a helmet and generally conduct myself in a safe and prudent manner while participating in the event and I hereby absolve and hold harmless Greater Magnolia Parkway Chamber of Commerce, Holy Name Retreat Center, TOMAGWA Healthcare Ministries and other Sponsors from any damage I may sustain because of any breach of these representations. I hereby consent to and permit emergency treatment in the event of injury or illness while participating in this event. I also give my permission to Greater Magnolia Parkway Chamber of Commerce, Holy Name Retreat Center, TOMAGWA Healthcare Ministries to use my name and any pictures/videos taken of me during the event in any promotional material, publications or on the internet.

Permission/minor _____

Date: _____
Signature: _____

Name: (please print legibly)

Address: _____

City _____ State _____

Zip _____

Phone _____

day night cell

DOB: _____

E-Mail _____

Emergency Contact: (PRINT LEGIBLE)

Name _____

Phone _____

Ride Distance: Please select only one:

28 mile ride

50 mile ride

70 mile ride