

20th Anniversary HEART OF TENNESSEE CENTURY Registration Form



Please provide the following information, complete the applicable waiver, and mail to the address at the bottom of the form.

Include your check made out to the Murfreesboro Bike Club. Must be postmarked by August 19, 2010.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

HOME/CELL PHONE _____

EMAIL _____

EMERGENCY CONTACT (Not a ride participant)

Emergency Contact's Phone: _____

Route - 100 _____ 62 _____ 31 _____ 14(free) _____

T-shirt size – S _____ M _____ L _____ XL _____ 2XL _____

14 milers may purchase a t-shirt or you may order an extra t-shirt for \$12.00 _____

T-shirt size – S _____ M _____ L _____ XL _____ 2XL _____



Front

Back

20th Anniversary Jersey Order \$65 after August 19. \$60.00 for Pre-Registered Riders. Your jersey will be mailed to you after the ride if we do not have your size available.

Custom Fit Short Sleeve Unisex:

XXS ___ XS ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___

Custom Fit Sleeveless Unisex:

XXS ___ XS ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___

Pro Fit Short Sleeve:

XXS ___ XS ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___

Pro Fit Sleeveless:

XXS ___ XS ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___

Women's Fit Short Sleeve:

XXS ___ XS ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___

Women's Fit Sleeveless:

XXS ___ XS ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___

Order total: Make check payable to MBC

Ride Fee \$30 prior to August 19 _____

Each Additional T-shirt \$12.00 _____
(14 milers do not get a t-shirt –
but may purchase one)

Jersey Total: \$60.00 each for _____
Pre-registered riders. \$65.00 after August 19 _____

TOTAL _____

Please send completed form with signed Waiver to:
Murfreesboro Bike Club
PO BOX 766
Murfreesboro, TN 37133-0766

Questions? Contact Sarah Lovett at slovetts666@gmail.com or call 615-890-7269

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL
CONSENT AGREEMENT**

("Agreement") for

LEAGUE OF AMERICAN WHEELMAN D/B/A LEAGUE OF AMERICAN BICYCLISTS ("LAB")

(this form is to only be used for Individual Adults or for Adults on behalf of Minors)

IN CONSIDERATION of being permitted to participate in any way in Murfreesboro Bicycle Club ("Club") sponsored Bicycling Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I may incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, the LAB, its respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS. And, I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD

HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PARTICIPANT'S NAME
(PRINTED): _____

PARTICIPANT'S SIGNATURE (only if age 18 or over): _____ **I HAVE READ THIS RELEASE**

ADDRESS: _____

_____ (Street) _____ (City) _____ (State)
(Zip)

PHONE: (_____) _____ DATE: _____

MINOR RELEASE

(complete for Participants Under the Age of 18)

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

MINOR'S NAME (PRINTED): _____ BIRTH
DATE OF MINOR: ____ / ____ / ____

SIGNATURE OF MINOR PARTICIPANT: _____ **I HAVE READ THIS RELEASE**

PARENT/GUARDIAN NAME
(PRINTED): _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____ **I HAVE READ THIS RELEASE**

ADDRESS: _____

_____ (Street) _____ (City)
(State) (Zip)

PHONE: (_____) _____ DATE: ____ / ____ / ____