

Registration

pedal the parks



Bike Tour

Main Contact	
Last Name, First Name	
Address	
City	Zip Code
Phone Emergency Contact #	
Email Address	

Name of Participant	Age	T-Shirt Size	Amt Due
We are a 501(c)(3) nonprofit organization. All contributions are tax deductible.			TOTAL \$

Registration Fee

includes t-shirt

Ages 12 & up: \$25

Ages 11 & under: \$15

Must be accompanied by adult

Family: \$60 *Up to 4 members*

- I can't attend the event, but please accept my donation of \$_____
- I would like to sponsor a Park sign with my name or logo for \$100. *Call 630-920-1969 with questions.*

Sponsored by **CNH**
INDUSTRIAL

Payment Method

Check payable to **Burr Ridge Community Park Foundation**

Visa MasterCard Discover *Credit card information is NOT kept on file.*

Credit Card Number _____ - _____ - _____ - _____

Expiration ____ / ____ Signature _____

Mail Registration to:

Burr Ridge Community Park Foundation
15 W 400 Harvester Drive
Burr Ridge, IL 60527

IMPORTANT INFORMATION

The Burr Ridge Park District and Burr Ridge Community Park Foundation are committed to conducting recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Park District and Foundation continually strive to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this event must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Cycling is intended to challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury. All hazards and dangers cannot be foreseen. Certain risks include, but are not limited to, failing to be familiar with the event route, making improper turns, failing to yield the right of way, failing to wear a suitable helmet or defective helmet, using an ill-fitting or defective bicycle, failing to use reflective material on clothing, poor knowledge or observance of traffic rules and regulations, failing to stop at all signed intersections, inability to keep the bicycle balanced properly, collisions with motor vehicles, other bicycles or pedestrians, dangerous or defective road surfaces, weather hazards, losing one's balance and falling, lack of good physical conditioning, poor technique, inadequate instruction, overexertion, and all other circumstances inherent to the sport of cycling. In this regard, it is impossible for the Park District or Foundation to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Burr Ridge Park District and Burr Ridge Community Park Foundation, including their respective officers, officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Date _____

Participant's Name _____

Participant's Signature _____

18 years or older or Parent/Guardian

PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN AND DATE ARE NOT ON THIS WAIVER.