



Entry Form

May 20th, 2011
(starting at 9am from Howard Elementary School in Ft. Smith)

One person per form and print legibly:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Emergency Phone: _____

Circle Tshirt Size: S M L XL XXL (Tshirts will be given to the first 50 registered riders)

Donation:

\$50.00 Donation to ride, preferably before May 1st, but can register the day of the ride. (make checks payable to: Morgan Nick Foundation) Mail completed form and payment to: P.O. Box 1033, Alma, AR 72921
All registrations must be received by May 1st, 2011 to be guaranteed a tshirt size.

Training Rides:

New riders are strongly suggested to participate in at least two training rides. Training ride dates are as follows: April 9th at 9am, April 10th at 2pm, April 16th at 9am, April 17th at 2pm, April 30th at 9am, and May 15th at 2pm. Location information will be given when you sign up.

Ride Waiver and Release (Participant must agree in order to be eligible to participate in the ride.)

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and represent and warrant that I am in good physical condition and that I have sufficient skill and experience to safely participate in this event. I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY RISKS OF LOSS, DAMAGE, OR INJURY WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT. I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE MORGAN NICK FOUNDATION, INC., ANY RIDE SPONSORS AND THEIR AGENTS AND EMPLOYEES, ANY INDIVIDUALS AFFILIATED WITH THE FOREGOING, AND ALL OTHER PERSONS OR ENTITES ASSOCIATED WITH THIS EVENT (TOGETHER, THE "RELEASEES") FROM ALL LIABILITY OF ANY KIND AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES, ON THE ACCOUNT OF INJURY OR DEATH TO ME OR MY PROPERTY, WHETHER CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF ANY OR ALL THE RELEASEES OR CONNECTION WITH MY PARTICIPATION IN THIS EVENT. If I do not follow all the rules of this event, I understand that I may be removed from participation. I give my full permission to the Morgan Nick Foundation and the sponsors to use any photographs, videotapes, audiotapes or other recordings of me that are made during my participation in this event. I understand that the Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding. **I further agree to wear an ANSI or Snell approved bicycle helmet at all times I am on the bike during my participation in this event and to abide by the traffic rules and regulations of the state of Arkansas.** I hereby grant to the Releasees and their agents, affiliates and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed.

By signing below, the undersigned represents and warrants to Releasees that he or she has read the entire statement and understands the content thereof.

Signature: _____ Date: _____

