

REGISTRATION FORM – INVITE YOUR FRIENDS!

Please complete this form. Photocopies are permitted.  
A signed Liability Waiver must accompany each registration form.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Adult Ride: (18 miles) \_\_\_\_\_ (32 miles) \_\_\_\_\_ (62 miles) \_\_\_\_\_ Family Ride: (5-10 miles) \_\_\_\_\_

List Family Members Riding the Family Ride:

_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____

Event Price: Adult \$25 per person \_\_\_\_\_ (After July 10, 2019): \$30 \_\_\_\_\_

Family Fun Ride \$10 per person \_\_\_\_\_

*The Family Fun Ride follows a different route than the Adult Ride.*

Payment Information:

Registration amount enclosed: \$ \_\_\_\_\_

Total amount enclosed: \$ \_\_\_\_\_

Please make checks payable to Major Taylor Cycling Club of Dayton. Postmarked deadline for both online registration and mail-in registration is Thursday, July 3, 2019.

If I should suffer injury or illness, I authorize officials of the ride to use their discretion to have me transported to a medial facility and I take full responsibility for this action. I attest and certify and I am physically fit and sufficiently able to participant in this event. I hereby grant full permission to any and all of the foregoing to use any photography, videotapes, motion pictures, recording or any other record of this event for any purpose. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM PARTICIPATING IN THIS EVENT AT MY OWN RISK.

\_\_\_\_\_  
Applicant signature or parent/guardian on behalf of a minor under 18 \_\_\_\_\_ Date

\_\_\_\_\_  
Name of Emergency Contact \_\_\_\_\_ Phone Number

How did you hear about our event? \_\_\_\_\_

**Important: This charity bike ride will occur rain or shine. If weather on the day of the event prohibits a safe ride, the event will be cancelled. No refunds.**

**LIABILITY WAIVER, INDEMNIFICATION AGREEMENT, PERMISSION TO  
PROVIDE MEDICAL TREATMENT AND PUBLICITY RELEASE.**

By signing this release for myself or on behalf of the named entrant if the entrant is under eighteen (18) years of age, and in consideration of the acceptance of this registration for entry in the Major Taylor Cycling Club of Dayton Charity Ride, I do for myself, my heirs my assigns and personal representative (or if applicable, for my child or ward or his/hers heir, assigns and personal representatives),

(i) hereby waive release and forever discharge any and all claims or rights, which presently exist or may hereafter accrue against the Major Taylor Cycling Club of Dayton the benefiting charitable organizations, all sponsors, representatives ( including event volunteers), and involved municipalities or other organizations and the boards, trustees, directors, officers, employees of any form and all claims or liabilities of any kind arising out of my participation in the Major Taylor Cycling Club of Dayton Charity Ride whether that liability may arise out of negligence, recklessness, or carelessness on the part of the persons or entities named in this waivers.

(ii) Consent to and permit emergency treatment in the event of injury and illness.

(iii) I also grant permission to the Major Taylor Cycling Club of Dayton, the benefiting charitable organizations and its sponsors to use any photographs, motion pictures, recording of any record of my participation in the Major Taylor Cycling Club of Dayton Charity Ride for legitimate purposes. I further, agree, that, if in breach of this agreement, I institute any such proceeding; I am responsible for all costs and attorney fees of any person or entity against which I institute such proceeding.

I promise to wear a CPSC, ANSI, SNELL OR ASTM approved bicycle helmet at all times while riding my bicycle during the Major Taylor Charity Bike Ride and any rides. I promise to follow all traffic laws. **HAVING READ AND UNDERSTOOD THIS AGREEMENT, I VOLUNTARILY AND KNOWINGLY SIGN IT.**

\_\_\_\_\_  
Print Name of Participant or Parent/Guardian

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Print Name Participant under 18 years of age

\_\_\_\_\_  
Signature of Participant under 18 years of age (must have adult signature to ride)

\_\_\_\_\_  
Date

**MAJOR TAYLOR CYCLING CLUB OF DAYTON  
CHARITY BIKE RIDE**

Date: Saturday, July 13, 2019

Time: Registration 7:00 a.m. – 9:30 a.m.  
Adult Ride - pull out time 7:30 a.m.  
Family Ride - pull out time 9:30 a.m.

Location: Welcome Park behind Welcome Stadium  
1601 S. Edwin C. Moses Blvd.  
Dayton, Ohio 45408  
Enter through Welcome Stadium

Contact: Carolyn Misick  
Phone (937) 631-2223  
[majortaylordayton@yahoo.com](mailto:majortaylordayton@yahoo.com)

Write all checks payable to: Major Taylor Cycling Club of Dayton

Mail all Checks to:  
Major Taylor Cycling Club – Dayton,  
P.O. Box 10731,  
Dayton, OH 45402-7731

**Major Taylor Cycling Club of Dayton T-Shirts will be available for sale the day of the event.**