

RACE # _____

Adult \$25 () CK# _____ () Cash

Youth ages 14-18 -- Fee Waived for Richland County Youth. Sponsored by the Carrie Winter Grant.

**ENTRY FORM/RELEASE AND INDEMNIFICATION AGREEMENT
OLNEY BICYCLE CLASSIC**

Event **Richland County Challenge Ride (Sponsored by RCRC)**

M _____ F _____ Shirt Size _____

Name _____ Age _____

Address _____

City, State, Zip _____

Telephone _____

Each adult rider must sign this release. Entrants under 18 years of age must have a parent or guardian sign.

In consideration of acceptance of my entry or my child's entry, I understand and agree that

- I am voluntarily participating in the RCRC Olney Bicycle Classic Challenge Ride and have read and agree to comply with all rules, regulations, and event instructions.
- I fully understand that my participation in the RCRC Olney Bicycle Classic Challenge Ride could result in serious injury to me or my child, including death.
- I fully assume all risks and desire to participate without regard to those risks. I certify that I and any other participants that I am registering are physically fit and have sufficiently trained for participation in this event.
- I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the City of Olney, all event sponsors, organizers, volunteers, and representatives and their families from any and all claims and liabilities of any kind suffered by me or my child in conjunction with this event, including pre- and post-event activities.
- I further indemnify and hold harmless the City of Olney, its officers and employees from any and all claims or lawsuits resulting from personal injury, including death, or property damage arising from or in any way connected to the special event; excepting any claims arising solely out of the negligent acts of the City, its officers and employees.
- In the event that I am in need of medical treatment and unable to give consent to the employees or agents of Carle Richland Memorial Hospital, Carle Richland Memorial Ambulance Service and such other medical personnel that are on hand, such medical personnel are authorized to provide me with emergency medical treatment they deem necessary.
- I also give permission for the free use of my name and/or pictures or video in any broadcast or any account of this event.

Participant Signature _____

If under 18 years of age, please have parent or guardian sign.

MINOR PHOTO RELEASE FORM

I, _____, the parent or legal guardian of _____ grant Olney and the Greater Richland County Chamber of Commerce my permission to use the photographs and videos taken at this event by staff of the Olney and the Greater Richland County Chamber of Commerce for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising and web content. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent / Guardian Signature, if applicable: X _____

HELMETS REQUIRED _____ (Initials)

++ Olney and the Greater Richland County Chamber of Commerce reserve the right to post any changes on the day of the race. ++