

Email: _____

RACE # _____

ENTRY FORM/RELEASE AND INDEMNIFICATION AGREEMENT OLNEY BICYCLE CLASSIC

FEE \$20	
() CK# _____	() Cash

Event Richland County Challenge Ride 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. Youth sprints are for non-licensed riders only. Youth participants can only participate in one race that corresponds to their appropriate age category on the day of the race. Non-compliance with these rules will void any and all prizes or standings. In signing this form for myself and/or the participant listed hereon, I understand and agree that although the organizers of the Olney Bicycle Classic have exercised due care to promote the safety of the participants, there are factors present including, but not limited to, traffic, other cyclists, weather, etc., whose actions are beyond the control of the organizers.

I agree to absolve all organizers and volunteers assisting with the event, be they individuals or organizations, of all blame for any injury, misadventure, harm, loss or inconvenience, suffered as a result of taking part in the Olney Bicycle Classic, or in any associated activities. I further agree to follow all applicable traffic laws and regulations for the event as set forth by statute and as set forth in any literature or during any discussion with the organizers or assisting volunteers, and will conduct myself in a safe and prudent manner. I am aware that the event takes place regardless of weather conditions. I further agree to indemnify and hold harmless the organizers and volunteers conducting the Olney Bicycle Classic from and against any and all claims, suits, damages, costs, losses, and expenses, in any manner resulting from or arising out of participating in the Olney Bicycle Classic. **HELMETS REQUIRED _____ (Initials)**

Participant Signature _____

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

AUTHORIZATION FOR MEDICAL EMERGENCY CARE

In the event of a medical emergency, I hereby authorize and consent to such emergency medical care, as medical personnel shall advise. I understand that in the event of such an emergency, all reasonable efforts will be made to contact myself prior to the initiation of any emergency medical care.

Sign, if applicable: **X** _____

WITHHOLDING OF AUTHORIZATION FOR MEDICAL EMERGENCY CARE

I DO NOT grant authorization for emergency medical care and understand that by not granting said authorization, no agent or representative of the Olney Bicycle Classic may consent to medical care in the event of any emergency.

Sign, if applicable: **X** _____

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

Olney and the Greater Richland County Chamber of Commerce
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