Maple Leaf Bicycle Tour Registration Form

Maple Leaf Ride Oct. 9, 2021 Register online at Joplintrailscoalition.org					
			countion.org		
NAME:			AGE:		
EMERGENCY CONTAC	T NAME:				
Phone Number					
RIDE LENGTH: * \$5	\$25* \$ 	40* \$40	80 MI 100 * \$40* \$4 Sept 23, 2021		
ADDRESS:					
CITY:		STA	TE: ZIP:		
E-MAIL:					
Are you staying at a	a hotel/motel?	Circle one			
No Ye	es in Joplin	Yes	in another city		
How did you hear about the ride?					
Men's Shirt Size: T-shirt guarantee					
Cost of ride* Children 12 and und Childs name(s)	der ride free.	Γ-shirt just \$	10	\$	
12 and under T-shir	t if desired.	Size	\$10.00	\$	
			Total Enclosed	\$	

Send checks to Joplin Trails Coalition, P.O. Box 2102, Joplin, MO 64803

Helmets Required

Maple Leaf Bicycle Tour Ride Waiver 2021

PLEASE READ CAREFULLY.

In consideration of the acceptance of this application, I hereby, for myself, my heirs, executors, administrators and assigns, and anyone entitled to act on my behalf, release and discharge the sponsors, directors, officials, employees, and volunteers from any kind of illness or damages suffered by me as a result of my participation in, or traveling to or from, the 2021 Maple Leaf Bicycle Tour.

I know and understand that bicycling is potentially hazardous. I should not enter the 2021 Maple Leaf Bicycle Tour unless I am medically able and properly trained. I assume all risks associated with riding Maple Leaf Bicycle Tour including, but not limited to, falls, contact with other participants, the effect of weather, traffic and conditions of the roads and all such risks being known and appreciated by me. I realize that bicycling is a strenuous activity which requires proper physical conditioning. I do hereby certify that I am in such physical condition and in good health. I agree to wear all appropriate equipment, including a helmet, at all times while riding in the 2021 Maple Leaf Bicycle Tour.

I understand this waiver includes children in my party being pulled or riding in a bike seat.

ADULT RIDER:

Signature: _	Date:
c =	

Printed Name:

<u>YOUTH – UNDER 18 YRS:</u> (Youth under 18 must be accompanied by a parent or legal guardian. Adult accompanying child must sign above.)

Youth First Name (print): ______ Youth Last Name (print): _____

Date: _____ Number of children in bike seats, buggies or carts riding free. #_____

A SIGNATURE IS REQUIRED ON THIS FORM.

Joplin Trails Coalition PO Box 2102 Joplin, MO 64803