### **Maple Leaf Bicycle Tour Registration Form**

Maple Leaf Bicycle Tour Oct. 14, 2023

NAME:			AGE:		
EMERGENC	Y CONTACT NA	ME:			
PHONE NU	MBER				
ADDRESS:					
CITY:			STATE: ZIP:		
E-MAIL:					
Ride Length	15 mile	25 mile	46 mile	66 mile	100 mile
Price	25\$	30\$	40\$	40\$	40\$
(add \$5 to pr	ice after Septem	ber 21st)			<u>-</u>
T-shirt (ind	cluded with ren n large)	egistration ur	ntil Septemb	er 21st)	
S M	L XL	2XL 3XL			
Children 1	2 and under i	ide free.			
Childs name(s)					
How did yo	ou hear about	the ride?			

## **Helmets Required**

# Sign waiver on back of form to complete registration

### **Maple Leaf Bicycle Tour Ride Waiver 2023**

#### 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 2023 Maple Leaf Bicycle Tour.

I know and understand that bicycling is potentially hazardous. I should not enter the 2023 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 2023 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:
Printed Name:	
YOUTH – UNDER 18 YRS: (Youth und guardian. Adult accompanying child m	der 18 must be accompanied by a parent or legal ust sign above.)
Youth First Name (print):	_ Youth Last Name(print):
Date:	
Number of children in bike seats, buggies or	r carts riding free. #
A SIGNATURE	IS REQUIRED ON THIS FORM—
Digitally sign and mail to: joplintrailsco	palition@gmail.com

-or-

**Print and mail to: Joplin Trails Coalition** 

PO Box 2102

Joplin, MO 64803