Maple Leaf Bicycle Tour Registration Form

Maple Leaf Bicycle Tour Oct. 10, 2026

Name _____ Age_____

Phone Number _____

Address_____

City_____ State_____ ZIP_____

Email_____

Emergency Contact Name_____

Emergency Contact Phone_____

Ride Length	17 mile	29 mile	44 mile	67 mile	100 mile
Price	$30	$35	$45	$45	$45

(*add $10 to price after September 18th)*

Children 12 and under ride free.

Childs name(s) _____Age_____

2026 Maple Leaf T-shirt $10
(orders taken until September 18th)

Unisex (runs large)

S	M	L	XL	2XL	3XL

How did you hear about the ride? _____

____Registration
___T-shirt (optional) $10
___JTC Member discount ($5 off)
___Total

Maple Leaf Bicycle Tour Ride Waiver 2026

….Helmets Are Required….

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 2026 Maple Leaf Bicycle Tour.

I know and understand that bicycling is potentially hazardous. I should not enter the 2026 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 2026 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: _____

<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—————————

Digitally sign and mail to: joplintrailscoalition@gmail.com
-or-
Print and email a photo of the completed waiver to: joplintrailscoalition@gmail.com
-or-
Print and mail to:
Joplin Trails Coalition
PO Box 2102
Joplin, MO 64803