



41st Annual Amish Country Bicycle Tour

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Cell# _____

Emergency Contact _____ Emergency contact # _____

Can we email you concerning next year's registration Yes No

Liability Waiver

In consideration of being permitted to participate in the Amish Country Ride (hereinafter "Event") organized by the Decatur Bicycle Club and the Arthur Area Association of Commerce, I, the undersigned participant, acknowledge and agree to the following:

- Acknowledgment of Risk:** I understand that participating in the Event involves inherent risks, including but not limited to, physical exertion, vehicular traffic, and varying weather conditions. I acknowledge that these risks may result in personal injury or property damage.
- Voluntary Participation:** I voluntarily choose to participate in the Event despite the risks involved. I am fully aware of my physical condition and have no known medical conditions that would impair my ability to participate safely.
- Assumption of Risk:** I assume all risks associated with my participation in the Event. This includes, but is not limited to, personal injury, death, or property damage that may result from any cause, including the negligence of the sponsors, organizers, or other participants.
- Release and Waiver:** I hereby release, discharge, and hold harmless the Decatur Bicycle Club, the Arthur Area Association of Commerce, their respective officers, directors, employees, volunteers, agents, and representatives (collectively, the "Released Parties") from any and all claims, liabilities, demands, or causes of action, including but not limited to those arising from negligence, that may arise out of or in connection with my participation in the Event.
- Indemnification:** I agree to indemnify and hold harmless the Released Parties from any claims, actions, or demands, including reasonable attorney's fees, that may arise from my participation in the Event.

- 6. **Photographic Release:** I grant permission to the Decatur Bicycle Club and the Arthur Area Association of Commerce to use any photographs, video recordings, or other images of me taken during the Event for promotional purposes without compensation.
- 7. **Governing Law:** This Waiver and Release of Claims shall be governed by and construed in accordance with the laws of the State of Illinois.

By signing below, I acknowledge that I have read, understand, and agree to the terms and conditions of this Liability Waiver and Release of Claims. I further acknowledge that this waiver is binding on me, my heirs, executors, and assigns.

Adults must sign the waiver for minors

Riders

Signature

Number of Riders x \$30 (Early registration, prior Aug 31) = Total Paid \$_____

Number of Riders x \$40 (Aug 31, later) = Total Paid \$_____

Make checks payable to the

Decatur Bicycle Club

PO Box 32

Mt Zion Il 62549

