



Volunteers
in Medicine



**TOUR de LEBANON VALLEY
Bike 75 or 25 Miles**

Sponsored by the Volunteers in Medicine Free Health Clinic & Lebanon Valley Bicycle Coalition

SATURDAY, JUNE 3, 2017

**Location: LEBANON VALLEY EXPO CENTER
80 Rocherty Road, Lebanon, PA 17042**

**REGISTRATION FORM – This form may be photocopied
A separate Form and Waiver is required for each rider, including children.
Waiver for children must be signed by parent.**

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Primary Phone Number _____

Emergency Contact Person _____ Emergency Phone Number _____

PRE-REGISTRATION FEES: must be received by June 1, 2017

75 Mile Ride \$35 (Before 3/31/17 + Free T-shirt) \$ _____

\$35 April –May 31, 2017..... \$ _____

25 Mile Ride \$35 (Before 3/31/17 + Free T-shirt) \$ _____

\$35 April – May 31, 2017 \$ _____

DAY OF EVENT REGISTRATION – \$45 \$ _____

ADDITIONAL CONTRIBUTION for making bicycling safer & better..... \$ _____

ADDITIONAL CONTRIBUTION for Lebanon Valley VIM Health Clinic..... \$ _____

T-Shirt Size Small Medium Large X-Large

Total Amount Enclosed \$ _____

Make check payable to V.I.M. Your canceled check is your registration acknowledgement.
Online registration is available through Active.com

Mail each completed registration form, check, and signed event waiver to:

Attn: Linda Jackson, V.I.M. 711 S. 8th Street, Lebanon, PA. 17042

75 Mile Start Time: 7-7:30 AM

25 Mile Start Time 10 AM

All participants must leave at designated time. No exceptions.

No refunds. Event is Rain or Shine. Helmets required. Cup-free event (bring your own water bottle).

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT (“AGREEMENT”)

(Each Round the Valley participant must sign a waiver - one rider per waiver please.

Waiver must be signed by parent of each child.

IN CONSIDERATION of being permitted to participate in any way in **Lebanon Valley Bicycle Coalition and Lebanon Valley Volunteers in Medicine Free Clinic/Tour de Lebanon Valley** sponsored Bicycling Activities (“Activity”) I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (“RISKS”); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE **Lebanon Valley Bicycle Coalition and Lebanon Valley Volunteers in Medicine Free Clinic/Tour de Lebanon Valley**, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____

ADDRESS: _____
(Street) (City) (State) (ZIP)

PHONE: _____

PARTICIPANT’S SIGNATURE (only if age 18 or over) “I have read this release”: _____

DATE: _____

MINOR RELEASE

AND I, THE MINOR’S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR’S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE’S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR’S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR’S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: (Street, City, State, ZIP) _____

PHONE: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18) “I have read this release”: _____

DATE: _____