



August 6, 2011

Start Time

10 miles Family Ride – 8:00 am

5 miles Family Ride – 8:05 am

3 Ways to Register and Pay

1. **On-Line** Registration and Payment: www.planofunride.org/register.htm.
2. Sign Release and mail this completed form with your check made payable to Relief Nursery of Collin County.
Mail to Relief Nursery of Collin County, PO Box 261903, Plano, Texas 75026
3. **Register in person** at Event from 6:30 am **or** at Plano Cycling (see below)

Registration and Packet Pickup at

Plano Cycling and Fitness, 605 E. 18th Street, Plano Texas 75074 (972) 423-4130
 Saturday, July 23 2011 10:00 am to 6:00 pm
 Friday, July 29 2011 11:00 am to 6:00 pm
 Saturday, July 30 2011 10:00 am to 6:00 pm

Only Early Registration and Payment Guarantees a free T-Shirt on Day of Event

Early Registration: \$15 for Adults, \$5 for Children 12 and under

Early Registration Ends July 29th

After July 29th - \$20 for Adult, \$10 for Children 12 and under

Registration and Release Form



PLEASE PRINT LEGIBLY

Note: ALL Riders Must Wear a Helmet

First Name _____ Last Name _____

Street _____ City _____ State _____ Zip _____

Phone: _____ Email _____

Emergency Name _____ Emergency Phone _____

Please Check One - Course Adult Child 5 Mile 10 mile

T-Shirt size: YS___ YM___ YL___ AS___ AM___ AL___ AXL___ AXXL___

ASSUMPTION OF RISK, RELEASE OF LIABILITY, COVENANT NOT TO SUE, AND INDEMNITY AGREEMENT ("Release")

IMPORTANT!!! PLEASE READ BEFORE SIGNING

1. I, the undersigned, understand that the described activity above and here-in called the Plano Fun Ride (PFR) refers to the actual event and ride, and The Relief Nursery of Collin County, and those individuals and groups organizing, sponsoring, volunteering, or otherwise connected with the production of this event.
2. The PFR involves bicycling, which can be a HAZARDOUS activity. There are many dangers and risks associated with Bicycling including, but not limited to, injury or death resulting from collision with pedestrians, vehicles, other cyclists and fixed or moving objects; dangers arising from surface hazards such as potholes or poor road conditions; equipment failure, inadequate safety equipment, conditions stemming from weather, the negligence of myself or others, and trauma or injury arising from the stresses caused by physical exertion. I recognize that bicycling requires physical conditioning and I represent that I am in sound physical condition and that I have no physical or medical conditions that would endanger either others or myself. I am fully capable and equipped to participate in the PFR bicycling activity.
3. I understand that the PFR bicycling activity is conducted over public roads upon which the hazards of traveling are to be expected. I acknowledge that the PFR has no responsibility for the condition or maintenance of the roads or facilities upon which the PFR activity will be conducted. I agree to accept responsibility for the condition of my bicycle and I **agree to wear an ANSI, Snell, ASTM or CPSC-approved helmet** while on my bicycle during the PFR bicycling activity. I have adequate health, disability, and life insurance on me and my family.
4. I agree, as a consideration of, and in consideration for, being allowed to participate in the PFR bicycling activity, to freely and expressly assume all risks of injury or death to me, or property loss or damage, including injury, death, loss or damage attributable to the negligence of the PFR and the spouses, promoters or affiliated organizations, and their respective agents, directors, officers, volunteers and employees (the "Released Parties").
5. I also agree to release and forever discharge the Released Parties from any and all responsibility or liability for all injuries or damages that result, either directly or otherwise, from my participation in or attendance at the PFR bicycling activity. I agree not to make a claim against or sue the Released Parties for injuries or damages relating to the PFR bicycling activity. I further agree to indemnify and hold harmless the Released Parties for all expenses incurred due to my participation in the PFR

bicycling activity, including medical and legal or other expenses. As liquidated damages, I hereby agree that if any of the Released Parties are forced to defend any action, lawsuit or litigation by me, my executors, or my heirs on my behalf, I agree to pay the Released Parties' costs and attorney's fees if they successfully defend such action, lawsuit or litigation.

6. If I am injured or become ill, I give permission for transportation to any medical facility and/or hospital and I consent to and authorize the provision of emergency first aid or medical treatment. I agree to be solely responsible for any costs related to such first aid or treatment.
7. I further agree to allow all photographs, video and/or digital images reproduced in association with the PFR bicycling activity to be used in any way by the PFR, and release all claim to rights in and to those images, without restriction.
8. I am aware that that this is a release of liability and a contract between myself, including those of my family, and the PFR. I am signing it freely and of my own accord and I recognize and agree that it is binding upon myself, my heirs, and my assigns, and in the event that I am signing it on behalf of and minors, I have full legal authority to do so, and I realize the binding effect of this contract on them, as well as myself. In this Release, the use of "I", "me", and "my" shall be deemed to include my spouse and any minor on whose behalf I am signing it. Should a court of competent jurisdiction declare any word, sentence, clause, paragraph or part of this agreement unenforceable, the remaining parts shall remain in full force and effect. A copy of this Release can be used as if it were an original.

I, THE UNDERSIGNED HAVE CAREFULLY READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, COVENANT NOT TO SUE, AND INDEMNITY AGREEMENT ("Release"). I FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. Further, I represent that all information on this registration form is true and accurate and assume full liability for any errors or omissions.

Signature: _____

Print Name: _____

Date: _____

Parent Signature: _____