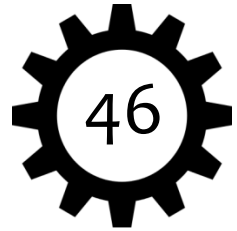


Bike Trip  
Registration Form  
2019



Pedal & Praise

Biker

Name: \_\_\_\_\_ Age: \_\_\_\_\_ (if under 30)

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: (please print clearly) \_\_\_\_\_

T-Shirt Size: Youth-L S M L XL XXL Other \_\_\_\_\_

Any food restrictions? \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Registration Fee: **\$60**

*Make checks to: Northfield Christian Fellowship*

*Memo: Bike Trip Registration*

**Registration Forms and Fee Due to Church Office:  
Sunday June 30<sup>th</sup>**

## Acknowledgment, Waiver, & Release from Liability

I acknowledge that Bike Trip is a test of physical and mental endurance and that it carries with it the potential for serious injury, property loss, or death. I hereby assume the risks of taking part in this trip and release Northfield Christian Fellowship or any sponsors of Bike Trip from any liability that may arise in the course of training or participation in this activity.

I acknowledge that this form will be used by Northfield Christian Fellowship and the sponsors. I hereby take action for myself, my executors, administration, heirs, next of kin, successors, and assign as follows:

A) I waive, release, discharge, and agree not to sue from any and all liability for my death, disability, personal injury, property damage, loss of wages, property theft, or action Northfield Christian Fellowship and any of the Bike Trip sponsors, producers, or volunteers; as well as all cities, counties, districts, and/or states in which said event may be held.

B) I indemnify and hold harmless the persons or entities mentioned in this form from any and all liability or claim made by other individuals or entities as a result of participation in this event.

I further consent to receive medical treatment in the event of injury, accident, and/or illness during any part of this event.

I, \_\_\_\_\_ (*printed name of participant*), hereby certify that I have read and understand this document and its content.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Waiver and Consent to Medical Treatment of Minor

If applicant is under 18 years old, his/her parent or legal guardian must complete and execute, in addition to the standard waiver, the following waiver and consent:

The undersigned, \_\_\_\_\_ (*parent or guardian*), referred to as the natural parent or legal guardian of \_\_\_\_\_ (*minor's name*) does hereby represent that he/she is, in fact, acting in such capacity- agree to save, hold, harmless, and indemnify each and all parties herein named on this form as released from all liability, loss cost, claim, or damage whatsoever that may be imposed upon said releases because of any defect in or lack of such capacity to so act, and release said releases in behalf of the undersigned.

I further hereby authorize any duly authorized doctor, EMT hospital, or medical facility to treat said minor for the purpose of attempting to treat said minor for the purposes of attempting to treat or relieve any injury or illness arising while he/she is a participant or observer during this activity.

I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries or related unhealthy conditions of said minor. I further consent to the administration of anesthesia as deemed advisable by any licensed physician.

I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any risk on behalf of myself and said minor. I further acknowledge that no warranty is being made as to the results of any treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the Minor: \_\_\_\_\_