



## Hammond Kiwanis Club Tour Registration Form

(PLEASE Print ALL Information Legibly)

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Name Rider # (assigned on-site)

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Address

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City State Zip

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Email

Route:       30-mile       60-mile      Fee:       Pre-Paid \$35       After Sept. 16<sup>th</sup> \$40

Shirt Size:       SM       MED       LG       XLG       XXL       \$10 (T-Shirt/Meal Only) Non-Riders Only

### Waiver of Liability

I agree that it is my responsibility to obey all applicable regulations, rules, and laws while participating in this event. I hereby waive, release, and discharge any and all claims for damages from death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in this bicycle tour conducted by the Hammond Kiwanis Club. This release is intended to discharge in advance any claims for damage against the Hammond Kiwanis Club, the City of Hammond, the Tangipahoa Parish Sheriff's Office and Parish Council, North Oaks Medical Center, Acadian Ambulance Service, the Louisiana Massage Therapists Association, and any club member, employee, agent or entity acting on their behalf from and against all liabilities arising out of or connected in any way with my participation in the bicycle tour or carelessness on the part of the persons or entities mentioned above. I further understand that serious accidents may occur during bicycle tours and as a result participants in bicycle tours may sustain mortal or serious injuries, and/or property damage. Knowing the risks of bicycle riding, nevertheless, I hereby assume those risks and to release and hold harmless all the persons or entities mentioned above who might otherwise be liable to me or my heirs or assigns for damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

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Rider's Signature Date

*If you belong to a Bicycle Club, please complete the information requested below:*

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Club Name

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Address City Zip

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Contact Person Phone #