



WORKING TOGETHER TO BUILD AND SUSTAIN HUNGER FREE COMMUNITIES THROUGHOUT THE SOUTHERN TIER

REGISTRATION FORM

Help end hunger by participating in a charity bike ride around scenic Keuka Lake that draws more than 250 cyclists. Funds raised by Tour de Keuka go directly to supporting the Food Bank of the Southern Tier's hunger relief programs in Southern Tier, New York. With every dollar donated, the Food Bank is able to provide three meals to our neighbors in need.

WHEN

Saturday, July 22, 2017

RIDE HEADQUARTERS

Hammondsport Fire Department
Hammondsport, New York

Name _____ Team Name (If applicable) _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Cell Phone Number _____ Email _____

Date of Birth _____ Gender _____ Y / N Will you be attending the picnic after the ride?

Y / N Is this your first time riding in the TDK?

Emergency Contact *Your emergency contact cannot be another rider.

Name _____ Relationship _____

Primary Phone Number _____ Secondary Phone Number _____

Routes: Please select one route you would like to ride.

Family Ride 16.4 Miles Jenny Rhoads Memorial Ride 45 Miles Bluff Ride 58 Miles Century Ride 100 Miles

Jersey Please refer to size chart on website as jerseys are not returnable. To receive your jersey the day of event, the FBST must receive your \$250 fundraising donation by June 19.

Jersey Style: Men's Women's

Jersey Size: XS S M L XL XXL 3XL

Registration & Fundraising Fees

Registration fees and donations are tax-deductible, non-refundable and non-transferable and do not count towards the fundraising minimum. Donations to teams do not count towards fundraising minimums. Children under 5 years old must be pulled behind or on back of parent's bike, and are required to completed a waiver.

\$25 Preregistration
\$30 Day of Event Registration
\$60 5-17 years old Fundraising Minimum
\$150 Fundraising Minimum to Participate
\$250 Minimum Donation to Receive a Jersey

Method of payment

Check made payable to Tour de Keuka/Food Bank of the Southern Tier \$ _____

MasterCard Visa AMEX Discover \$ _____

Name(as it appears on credit card) _____ Credit Card Number _____

Expiration Date (month/year) _____ Zip Code _____

Signature _____ Date _____

Waiver *By signing you have read and agree to the Tour de Keuka waiver.

Signature _____ Date _____

Food Bank of the Southern Tier Attn: Katherine Strawser 388 Upper Oakwood Avenue, Elmira, New York 14903
Tel: (607) 796-6106 • Email: Kstrawser@feedingamerica.org • www.tourdekeuka.com

Tour de Keuka Charity Bike Ride Waiver

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("Agreement")

IN CONSIDERATION of being permitted to participate in any way in Food Bank of the Southern Tier sponsored Tour De Keuka ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

ROUTE: _____
BIB NO.: _____
Office Use

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 conditions 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, that I may incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Food Bank of the Southern Tier, its respective 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 AGREEMENT, I or anyone on my behalf, makes a claim against any of the Releasees, 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.

4. GRANT full permission to the Food Bank of the Southern Tier to use photographs, videos and other types of recordings of me in advertising, trade or any commercial purpose in legitimate accounts and promotions of this event. I waive the right to inspect versions of my image used for publication or the written copy used in connection with the images.

I am 18 years of age or older, have read and understand the terms of this agreement, understand that I am giving up substantial rights by signing this agreement, have signed it voluntarily 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. I agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Participant's Name (Printed): _____

Participant's Signature (Only if age 18 or over): _____

Address: _____
Street City State Zip Code

Phone: (_____) _____ Date: _____

MINOR RELEASE (COMPLETE FOR PARTICIPANTS UNDER THE AGE OF 18)

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 "Releasees" named above 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.

Minor's Name (Printed): _____ Birth Date of Minor: ____ / ____ / ____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature (Only if participant is under the age of 18): _____

Address: _____
Street City State Zip Code

Phone: (_____) _____ Date: _____