

# Courage Classic Bicycle Tour – Registration Information

## Participant's Medical Condition / Allergies / Food Restrictions

Do you have any health problems which may affect a bicycle riding or camping experience (such as allergies, asthma, arthritis, etc.)? Do you have any special dietary needs or restrictions? If so, you should contact your physician and/or communicate with the Courage Classic event staff before undertaking this strenuous, 3-day event. Participants and Volunteers are responsible for managing their own medication, food restrictions or dietary requirements. Please let the Courage Classic Event Staff know of any special needs and we will do our best to accommodate or assist you.

## Emergency Contacts / Health Insurance

In case of an emergency, please notify \_\_\_\_\_ or \_\_\_\_\_ Telephone: \_\_\_\_\_

Optional: My primary care physician is: \_\_\_\_\_ at \_\_\_\_\_ Telephone: \_\_\_\_\_

Each person should be covered by her/his own health insurance. (The Courage Classic Event Sponsors do not maintain health or medical insurance coverage for participants.) Participants and Volunteers should carry their health insurance information at all times.

## Conditions of Participation & Limitation of Liability

The undersigned, a Participant or Volunteer in the Courage Classic bicycle event, offered by MultiCare Health System, Mary Bridge Children's Foundation, The Children's Trust Foundation and Fuse Consulting LLC (referred to jointly and severally as the "Sponsoring Institutions"), warrants and agrees as follows:

1. I understand fully that the Courage Classic Bicycle Event ("Event") is a field expedition which will involve riding on public highways and potential detours, over which highways and detours the Sponsoring Institutions have no control. I acknowledge that by participating in the Event I am placing myself at risk and I assume the entire risk of my engaging in this activity, recognizing that there are inherent risks in any bicycle riding activity along public highways. I have been advised and understand that neither the Sponsoring Institutions nor any other person or organization associated with the promotion and sponsorship of the Event, has examined or maintained the course to be followed by me and others during the Event and that the Sponsoring Institutions and their officers, agents and employees are not responsible for field conditions which I will encounter, including, but not limited to other bicyclists, automobile or pedestrian traffic, adverse weather, construction or other unanticipated conditions of the road, adverse conditions along the shoulder of any road or the area through which the course passes, or the parking camping, rest areas or other gathering areas associated with the Event.

2. My physician has not advised me to avoid strenuous physical activity such as those activities required of Participants or Volunteers in the Event.

3. I acknowledge that neither the above named institutions nor the City of Snoqualmie nor the owners of any designated camping, parking or rest areas associated with the Event are responsible for loss or damage to my bicycle and/or my motor vehicle or any contents thereof. I also acknowledge that transportation of my bicycle and/or belongings during the Event is strictly voluntary and the transporters of my bicycle and/or belongings are not responsible for any loss, damage or destruction of my bicycle (or its components or attachments) or my belongings.

4. I have been instructed about and understand the need and requirement of wearing an ANSI Z 90.4-approved bicycle helmet whenever riding a bicycle on this Event and I will fully comply with this requirement at all times that I am riding during the Event.

5. I acknowledge that the Sponsoring Institutions and their officers, agents and employees, have not inspected nor are they responsible for inspecting the bicycle which I use during the Event or any of the other equipment which I use. I specifically acknowledge that the condition, maintenance and safety of the bicycle that I will use and all of the other equipment that I elect to use are my sole responsibility.

6. I grant full permission to the Sponsoring Institutions to use my likeness, obtained while participating in this event, for purposes of any form of Event-related print, media, internet or other publicity or advertising, including post-Event gatherings among Event participants, without further notice or obligation of any kind.

7. Release & Indemnity: I hereby release the Event Sponsoring Institutions (MultiCare Health System, The Children's Trust Foundation, Fuse Consulting, LLC, Mary Bridge Foundation), the Event contributors, the Event volunteers, and the agents, officers, employees, contractors and consultants of each of said released parties, from and for any claims, losses, damages or occurrences arising from my participation in the Courage Classic Event, whether arising while riding on the Event route and/or arising at any of the Event rest stops, overnight stops or Event-sponsored meals or social events, save only those acts or occurrences giving rise to a claim of negligence as a result of the acts or omissions of any such individuals or entities, each of whom shall be proportionately responsible for their respective acts or omissions in accordance with Washington law. I further release all persons or entities transporting my personal belongings or my bicycle from any claims arising from the loss or damage to such items during transit and/or at any time that such items are outside of my control.

8. I am responsible for any minor that attends or rides in the Event registered as my guest or for whom I have signed as Parent or Guardian. All minors are held to the same standards as adults, and I will assume full responsibility to ensure that any minors accompanied by me obey all of the Event Conditions of Participation. I will not allow any minor to ride outside of my direct presence and supervision. I agree to indemnify and hold the Sponsoring Institutions harmless from any claim brought by a minor over whom I am responsible in the same manner and to the same extent as if such minor were an adult, as further specified in Section 7 above. All minors under my control will adhere to the provisions in Section 9 below.

9. I promise to uphold the Courage Classic Safety Pledge of ensured safe cycling for me and other riders. Each Participant pledges that:

- I will wear a proper helmet at all times.
- I will ride single file at all times, riding as far to the right as possible.
- I will alert other riders when I am about to pass.
- I will pass only when it is safe to do so.
- I will not have a personal support vehicle.
- I will not wear earphones or headsets while riding.
- I will properly maintain my bicycle.
- I will obey all Washington State Traffic laws.
- I will follow all rules specified by Event Staff.
- I will check in at the summit and finish line each day.
- If I leave the ride early, I will notify an Event staff member.
- I sign this pledge acknowledging the Conditions of Participation and Limitations of Liability, in order to participate in the Courage Classic Bicycle Tour.

Print Name: \_\_\_\_\_ Signature of Participant / Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age on date of Event: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F

Signature of Parent or Guardian if Participant or Volunteer is under 18 on date of Event (August 2, 2009): \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_