



**Starved Rock Cycling Association 29th Pumpkin Pie Ride
Sunday October 7, 2018**

www.starvedrockcycling.com

Pre-Registration: \$23.00 by September 15, 2018 by 11:59 pm

\$30.00 if received after 11:59 pm September 15, 2018

Children 12 and under \$5.00

NO REFUNDS Late Registration Closes On 10-3-18 12:00 pm (noon)

REGISTRATION INCLUDES: Pumpkin Pie after the ride, rest stops with fresh baked cookies and other food items.

Maps and cue sheets, SAG support, showers available at the YMCA (bring towel)

OPTIONAL: Short Sleeved T-Shirts guaranteed when ordering prior to the close of pre-registration on 9-15-18 at 11:59 pm \$16.00 each.

LIMITED SUPPLY of T-Shirts the day of the ride - \$20.00

ROUTES INCLUDE but are not limited to road rides of 27, 45, 66, or 103 miles, with light traffic and rolling hills.

SRCA reserves the unconditional right to modify the routes and itinerary, without prior notice, due to weather, flooding, road conditions, or other unpredictable situations.

Registration and Start Location: Ottawa YMCA, 201 East Jackson St. Ottawa, Illinois 61350

Registration Opens at 7 AM (103 milers encouraged to begin by 7:15) all rest stops close at 3:00 pm, SAG ends for all riders at 3:30 pm.

PLEASE NOTE: The YMCA closes at 5:00 pm, please be done riding and showered by then.

ALL riders must register or check in at registration to receive a number which must be displayed at all times during ride.

NO Headphones, all riders must obey the Illinois rules of the road. HELMETS REQUIRED.

League of American Bicyclists (LAB) RELEASE and waiver of liability, assumption of risk, and indemnity "agreement". In consideration of being permitted to participate in any way in the Starved Rock Cycling Association sponsored bicycling activity, I, for myself, my personal representatives, assigns, heirs, and next of kin:

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 including but not limited to dogs, wildlife, traffic, or other road conditions. 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 RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Starved Rock Cycling Association, League of American bicyclists, their respective administrators, directors, members, agents, officers, 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 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 release and waiver of liability, assumption of risk, and indemnity 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 may incur as a result of such claim.

4. I grant Starved Rock Cycling the right to take photographs of me and my family in connection with this event and agree that Starved Rock Cycling may use photographs with or without names for any lawful purpose (e.g. publicity, illustration, web, or Facebook content). I understand that Starved Rock Cycling does not sell or share demographic information to any other parties for any reason.

5. I agree to cooperate to "Share the Road" and agree not to ride more than two abreast. I agree to follow all Illinois rules of the road, which apply to both cars and bicycles.

6. I AM 18 YEARS OF AGE OR OLDER. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT 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.

Signature Required: x _____ **I HAVE READ THIS RELEASE** _____ **SIGNATURE OF PARTICIPANT** _____

OR signature of parent/guardian of children participating under 18. (If rider is under the age of 18, they must be accompanied by an adult during the ride. (WE DO NOT SHARE OR SELL YOUR DEMOGRAPHIC INFORMATION)

For detailed information please visit www.starvedrockcycling.com or our Facebook page

ALL riders must register or check in at registration to receive a number which must be displayed at all times during ride.

(one rider per form this includes minors or tandem riders – form may be photocopied or downloaded from our web page.)

Select T-Shirt Size (optional pre-reg by 9-15-2018) S / M / L / XL / XXL / XXXL Circle Route Option 27 /45 /66 /103

Rider's Name (PRINT LEGIBLY) _____		Rider Fees:		Please make checks payable and Mail to:	
Age _____				Starved Rock Cycling Association	
or register online www.starvedrockcycling.com				P.O. Box 2304	
				Ottawa, IL 61350	
		Through	After		
Address _____		9/15/18	9/15/18		
		(Adult)	\$23.00	\$30.00	
		(12 & Under)	5.00	5.00	
City/State _____	Zip _____	Optional T-Shirt	16.00	_N/A_	
		\$ _____	\$ _____		
Emergency Contact Name _____		Emergency Phone _____		E-Mail Address _____	

For internal use only:(1-7-18)

Rider Number _____

Check# _____

Cash _____

T-Shirt Day Of Amt. pd _____

Processed /Taken by _____

Date _____

Computer Entered by _____