



## WAIVER, RELEASE, & CONSENT FORM READ BEFORE SIGNING

I acknowledge that participation in the Misaligned Minds Bicycle Ride carries with it the potential for property loss, serious injury and death. The risks include but are not limited to terrain, facilities, temperature, weather, equipment, vehicular traffic, dehydration and the actions of other people including sponsors, drivers and other participants. These risks are inherent in athletic pursuits and cycling. I certify that I am physically fit and capable of participating in all day cycling trips and have not been advised otherwise by a qualified medical person.

I FULLY ACCEPT AND ASSUME ALL RISKS OF PARTICIPATING IN THE BICYCLE TOUR AND ACCEPT PERSONAL RESPONSIBILITY FOR ANY DAMAGES AND EXPENSES ARISING FROM MY PARTICIPATION.

I acknowledge that this Accident Waiver and Release from Liability is made for the benefit of the following persons or entities: Chain Reaction Cycling Club, Paducah Symphony Orchestra, their members, officers, sponsors, volunteers, employees and their respective successors (individually and collectively "Releases").

I RELEASE AND DISCHARGE RELEASEES FROM ANY AND ALL LIABILITY, AND WAIVE ALL CLAIMS, SUITS, AND ACTIONS OF ANY KIND AGAINST RELEASEES, FOR DEATH, DISABILITY, PERSONAL INJURY, PROPERTY DAMAGE, THEFT, AND ANY OTHER LOSS OR DAMAGES INCURRED THAT MAY HEREAFTER ACCRUE TO ME, MY EXECUTORS, ADMINISTRATORS, HEIRS, NEXT OF KIN, SUCCESSORS AND ASSIGNS ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THE BICYCLE TOUR INCLUDING CLAIMS ARISING FROM THE RELEASEES OWN NEGLIGENCE.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this event. I further certify that I am willing to assume all costs that may be created, directly or indirectly, by such injury or damage. I acknowledge that I am responsible for obeying all traffic laws and I am agreeing to wear a bicycle helmet while participating in this event.

## REGISTER ONLINE MISALIGNEDMINDS.COM

OR

MAIL your order form to:  
PO BOX 2462 • PADUCAH, KY 42002-2462  
Each rider should be listed on a separate form, each  
with a signed waiver.

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
E-mail: PRINT neatly please

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

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

\_\_\_\_\_  
Emergency Contact during ride + phone number.

\_\_\_\_\_  
Circle distance you plan to ride:

25 45 60 100

\_\_\_\_\_  
Entry Type:

\_\_\_\_\_  
Individual Entry Family Entry\*

Couple

\_\_\_\_\_  
\*Families-List additional riders' names + distance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE