



REGISTRATION FORM

Name: _____ Phone: (_____) _____

Street: _____ City: _____ State: _____ ZIP: _____

Year of Birth: _____ Email: _____

<p>Course: ___ 15 Mile Route (ride begins at 8:00am) ___ 40 Mile Route (ride begins at 7:30am)</p>

<p>Payment: ___ \$40 ___ \$50 shirt option</p>	<p>Gender: M F T-shirt Size: S M L XL 2XL</p>
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Make checks payable to L'Arche Erie, Inc. All proceeds benefit people with intellectual disabilities. Please mail checks and completed registration forms to: Development, L'Arche Erie, 3745 West 12th Street, Erie, PA 16505. All riders in the Tour de L'Arche are required to wear a helmet and must be 18 years of age or older. Day-of registrations begin at 7:00am at L'Arche Erie. This is not a timed event. After party at Lavery Brewing Company.

Tour de L'Arche Waiver: In consideration of your acceptance of my application for participation in the Tour de L'Arche cycling event, I the undersigned, for myself, my heirs, executors, administrators, and assigns, waive and release any and all claims for damages, for death, personal injury or loss of property, I may have or which may accrue to me as a result of my participation in Tour de L'Arche. I, the undersigned, discharge and release L'Arche Erie, Inc. and all other sponsoring agencies, businesses and organizations, and their respective agents, boards, trustees, directors, officers, subsidiaries, affiliates, parent companies, commissions and any other involved municipalities, and employees and representatives of the foregoing, from all liability arising out of or connected in any way with my participation in this bike tour, whether or not caused by the negligence of any of the above parties. I acknowledge that the Tour de L'Arche event contains risks, including the risks of mechanical failure, falling, collision with other bicyclists, motor vehicles, or stationary objects, and the conditions of the road. My participation is voluntary and done at my own risk. I voluntarily assume all risks of loss, damage or injury that may be sustained while participating in this event. I attest that I am sufficiently trained for the completion of this event. I understand and agree that medical or other services rendered to me by or at the insistence of any of the above parties is not an admission of liability to provide or to continue to provide any such services and is not a waiver by any of said parties of any right hereunder. I understand that serious accidents occasionally occur while bicycling in traffic and that participants in this event may sustain mortal or serious injury as a consequence thereof. Nevertheless, I agree to assume these risks and to release and hold harmless all of the persons mentioned above who might otherwise be liable to me for damages. I attest that the equipment that I will use in this bike tour is in good mechanical condition. I agree to abide by the rules of the event as established by the promoting organization and to obey the directions of the officials. I hereby grant full permission to L'Arche Erie, Inc. to use photographs, videotapes, motion pictures, or any other record of this class including my name, likeness, and voice for any legitimate purpose. I have read and understand everything written above, and I voluntarily sign this agreement.

 Signature Date