

REGISTRATION FORM

Maple Leaf Ride and Post Ride Meal: Oct. 14, 2017
Register online via LocalRaces, Active.com or PayPal
Joplintrailscoalition.org

NAME: _____ AGE: _____

EMERGENCY CONTACT NAME: _____

Phone Number _____

RIDE LENGTH: 15 MI 40 MI 62 MI 80 MI 100 MI
 \$20* \$35* \$35* \$35* \$35*

***\$5.00 price increase after Sept 27, 2017**

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

E-MAIL: _____

Are you staying at a hotel/motel? Circle one

No Yes in Joplin Yes in another city

How did you hear about the ride? _____

Men's Shirt Size: S M L XL XXL OTHER _____

T-shirt guaranteed if received by Sept. 27, 2017

Cost of ride.....*\$5.00 price increase after Sept 27..... \$ _____

Number of non rider meals:..... _____ x \$6.00 = \$ _____

Children 12 and under free.

Childs name(s) _____ x \$10.00 = \$ _____

Total Enclosed \$ _____

Send checks to Bike Ride, c/o Joplin Trails Coalition, P.O. Box 2102, Joplin,
MO 64803

Helmets Required

Maple Leaf Bicycle Tour Ride Waiver 2017

PLEASE READ CAREFULLY.

In consideration of the acceptance of this application, I hereby, for myself, my heirs, executors, administrators and assigns, and anyone entitled to act on my behalf, release and discharge the sponsors, directors, officials, employees, and volunteers from any kind of illness or damages suffered by me as a result of my participation in, or traveling to or from, the 2017 Maple Leaf Bicycle Tour.

I know and understand that bicycling is potentially hazardous. I should not enter the 2017 Maple Leaf Bicycle Tour unless I am medically able and properly trained. I assume all risks associated with riding Maple Leaf Bicycle Tour including, but not limited to, falls, contact with other participants, the effect of weather, traffic and conditions of the roads and all such risks being known and appreciated by me. I realize that bicycling is a strenuous activity which requires proper physical conditioning. I do hereby certify that I am in such physical condition and in good health. I agree to wear all appropriate equipment, including a helmet, at all times while riding in the 2017 Maple Leaf Bicycle Tour.

I understand this waiver includes children in my party being pulled or riding in a bike seat.

ADULT RIDER:

Signature: _____ Date: _____

Printed Name: _____ Date: _____

YOUTH – UNDER 18 YRS: (Youth under 18 must be accompanied by a parent or legal guardian. Adult accompanying child must sign above.)

Youth First Name (print): _____ Youth Last Name (print): _____

Date: _____ Number of children in bike seats, buggies or carts riding free. # _____

[A SIGNATURE IS REQUIRED ON THIS FORM.](#)

Joplin Trails Coalition
PO Box 2102
Joplin, MO 64803