

**REGISTRATION FORM**

Route 66 Bicycle Tour and Post Ride Meal: June 3, 2017

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

RIDE LENGTH:	15 MI	30 MI	45 MI	66+(70 MI)	100 MI
	\$30	\$45	\$45	\$45	\$45

**Family Rates**

	15MI Family	Family All Others
Family=2 adults and 2 kids 12yrs-18yrs	\$85	\$105
	Kids 12 and under ride free	

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT  
NAME: \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you staying at a hotel/motel? Circle one

No                      Yes in Joplin                      Yes in another city

How did you hear about the ride \_\_\_\_\_

Ride fee..... \_\_\_\_\_

Kids 12 and under..... \_\_\_\_\_ x \$10.00=\$ \_\_\_\_\_

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

Total amount enclosed:..... \$ \_\_\_\_\_

Please make checks payable to Joplin Trails Coalition  
Send checks to Joplin Trails Coalition, P.O. Box 2102, Joplin, MO 64803

**Helmets Required**

**Route 66 Mother Road 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 Route 66 Mother Road Bicycle Tour.

I know and understand that bicycling is potentially hazardous. I should not enter the 2017 Route 66 Mother Road Bicycle Tour unless I am medically able and properly trained. I assume all risks associated with riding in the Route 66 Mother Road 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 Route 66 Mother Road 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