



Bishop's Bike Challenge

Registration/Application

Please complete this application and mail it with your registration fee to:
Kansas West Conference UMC
9440 E. Boston Suite 160
Wichita, KS 67207

Registration Fee is \$25. Please make your REGISTRATION checks payable to Kansas West Conference UMC and place Bishop's Bike Challenge in the memo area of your check.

Last Name _____ First Name _____ Preferred Name (for name tags) _____

Street Address _____ City _____ State _____ Zip Code _____

Area Code/Phone # _____ Email _____ Sex _____ Age _____

Emergency Contact Name _____ Relationship _____ Area Code/Phone# _____

UM Church Name _____ Type of Bike you will be riding? _____

I am registering to ride: 18 mile _____ 50 mile _____ 100 mile _____

Each registered user will receive a t-shirt. Please share your T-shirt size: M _____ L _____ XL _____ XXL _____

PARTICIPATION AGREEMENT, WAIVER AND RELEASE—ALL RIDERS: PLEASE READ AND SIGN BELOW:

I understand and agree that there are or may be risks, dangers, and hazards, both natural and man-made, associated with participating in the Bishop's Bike Challenge ("the event"), including but not limited to: collision with pedestrians, vehicles, other riders, and/or fixed or moving objects; the negligence of other riders, organizers, sponsors, promoters, motorists, and other persons; dangers arising from falls, road surfaces, equipment failure, inadequate safety equipment, and weather conditions; as well as the possibility of physical and/or mental trauma (injury) and loss of life. I understand and agree that situations may arise during the event which may be beyond the control of the sponsors, promoters, or organizers. I understand that the route requires bicycling on public roadways, that the event may take place during bad weather, and that cyclists have been hospitalized and/or killed because of traffic accidents and mishaps that are the result their own fault and/or the fault of others. I fully accept and assume any and all risks of participation in the event. I further agree that I will bear all expenses I incur as a result of any accident or injury.

I understand and agree that participation in the event requires physical conditioning, and I represent that I am in sound medical condition. I have no physical or medical impediment that would endanger others or myself.

On behalf of myself and my heirs, executors, administrators, legal representatives, successors and assigns, I acknowledge and accept the risk of any injury related to the event and do hereby waive and release any action, cause of action, or claim of any kind or nature, including negligence, which I have, may have, or may hereafter accrue to me, against the Kansas West Annual Conference of The United Methodist Church, United Methodist Open Door, Inc., and any other sponsors, organizers, and promoters of the event or their affiliated organizations, and their respective agents, officers and employees, successors, insurers, and assigns, for any loss, damages, accident, or injury of any kind (whether to person or to property) which may arise, directly or indirectly, in connection with, or result from, the event. I agree to hold those persons or entities harmless from any and all such claims.

The above agreements and representations are my express understandings of the risks, and I assume these voluntarily and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect. I accept responsibility for the condition and adequacy of my bicycle and agree to abide by the rules of the Bishop's Bike Challenge relating to the wearing of a helmet, as well as all other rules and requirements of the event. I agree to ride so as not to endanger either others or myself.

I authorize the use of my name, and of photos and/or videos of myself, by the Bishop's Bike Challenge or any associated organization for the purpose of promoting the Bishop's Bike Challenge, and I hereby permanently disclaim any and all rights to such photos or videos. There is no time limit in hours, days, or years beyond which my photo or image may not be used. I also understand that the Bishop's Bike Challenge will only use my photo or image in publicity related to the Bishop's Bike Challenge.

Signature _____

Date _____

IMPORTANT! Applications for persons under 18 years of age must be accompanied by the application(s) of their parent(s) or person responsible who will be riding with them. A parent or legal guardian must sign the application of an entrant under 18.

SIGNATURE OF PARENT OR GUARDIAN:

I, as parent or guardian of the above named minor, hereby give my permission and consent voluntarily and freely for my child to participate in the Bishop's Bike Challenge. I further agree individually and on behalf of my child to the above terms after having fully read the terms.

Age of Minor _____

Signature of Parent/Guardian _____

Person responsible for minor during ride _____