



**Scotland Neck 19th Annual Country Roads
Bike Tour
Saturday, May 15, 2021**

Participant Information: (Please Print)

Name: (Last) _____ **(First)** _____ **(MI)** _____

Address: (Street) _____ **(Apt Number)** _____

(City) _____ **(State)** _____ **(Zip Code)** _____

Phone Number: (Daytime) _____ **(Evening)** _____

E-Mail: _____

Emergency Contact: _____ **(Relationship)** _____

Contact's Phone Number: (Daytime) _____ **(Evening)** _____

Known Medical Allergies/Conditions:

T-Shirt Size

- Small
- Medium
- Large
- X Large
- XX Large
- XXX Large

**Make Checks Payable to: *Town of Scotland Neck*
PO Box 537
Scotland Neck, NC 27874**

Registration Fees:

- **On-Site Registration \$40.00**

Country Roads Bike Tour

Scotland Neck, NC

Saturday, May 15, 2021

Wavier;

In consideration of your allowing me to participate in the Country Roads Bike Tour, hereby referred to as CRBT, I (Please Print Name) _____, intending to be legally bound, release and discharge any and all claims for damage, personal injury or property damage, or death which I may have, or which may hereafter accrue to me as a result of my participation in CRBT. This waiver/release is intended to discharge, in advance, the Town of Scotland Neck, it's officers, ride organizers, sponsors, and volunteers from and against any and all liability arising out of or connected in any way with my participation in the CRBT, even though that liability may arise out of negligence or carelessness on the part of the CRBT staff, sponsors or volunteers.

I understand that to participate in the CRBT, I must wear an ANSI, Snell, ASTM, or CPSC approved bicycle helmet. I further understand that serious accidents occasionally do occur on bicycle rides, and that participants occasionally sustain mortal or serious personal injuries and/or property damage as a consequence. Knowing the risks, nevertheless, I hereby agree to assume those risks and to hold harmless the CRBT staff, sponsors, and the volunteers who (through negligence or carelessness) might otherwise be liable to me for damages and injuries. It is further understood and agreed that this wavier/release and assumption of risks is binding to my estate, my heirs and assigns.

Rider's Signature _____ Date: _____

Witness Signature: _____ Date: _____

If participate is under 18, Parent or Guardian must sign below

Signature _____ Date _____