



# MAYOR'S RIDE

Registration form on back. Please return to:  
70 E. Monroe, Franklin, IN 46131



## FREE BICYCLE RIDE

**2-3 MILES • 12 MILES • 27 MILES**

**REGISTRATION STARTS AT 2PM | RIDE STARTS AT 3PM**

**STARTING LOCATION: GRAY GOAT SPORTS (FRANKLIN, IN)**

*Parent/Guardian must consent for riders under 18.*

ACCEPTING DONATIONS  
FOR BOYS & GIRLS CLUB  
OF FRANKLIN



*Sponsored by the City of Franklin, Gray Goat Sports, & T-Shirt Express*



# MAYOR'S RIDE

# REGISTRATION

(One Rider per Registration, copies accepted)

LAST NAME		FIRST NAME		Phone/Mobile	
Address			Age	Sex	M / F
City	State	Zip	# of Riders		

\*Accompanying Adult Rider (for Riders under 18 yrs. of age): \_\_\_\_\_

SEND REGISTRATION FOR ACCOMPANYING ADULT RIDER IN SAME ENVELOPE.

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*Event free the public. Will be accepting donations for the Boys & Girls Club of Franklin.*

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*A limited supply of t-shirts available on day of the ride. \$15.00 - CASH ONLY.*

Mail completed registration to:  
**City of Franklin**  
**Attn: Angie Longtin**  
**70 E. Monroe**  
**Franklin, IN 46131**

## WAIVER AND RELEASE OF LIABILITY

### CONSENT AND LIABILITY RELEASE READ CAREFULLY REGISTRATION NOT COMPLETE WITHOUT SIGNATURE(S) BELOW

In consideration of the City of Franklin (COF) permitting me or my minor child to participate in COF events or activities, I, the undersigned, for myself and my heirs, next of kin, assigns, and personal representatives, do hereby agree to the following:

- I understand that bicycling requires physical conditioning and I represent that I am in sound medical condition capable of participating in COF events, rides, and activities without risk to myself or others. I have no known medical impediment which would endanger myself or others. I agree that I will be solely responsible for the condition and adequacy of my bicycle, safety gear, and riding equipment. I will ride safely within the limits of my own abilities, my equipment and the riding conditions and in a manner so as not to endanger either myself or others.
- I understand that my name, address, photograph, voice and/or likeness may be used in promotional or advertising materials. I consent to such uses and waive any rights of privacy or publicity I may have in connection with those uses.
- I understand that bicycle riding is a potentially hazardous activity which involves risks, inherent and otherwise, known or unknown, that cannot be eliminated which may cause injury, illness, paralysis or death to myself, other persons, and/or damage to property. I further understand that negligence of COF, including its officers, members, volunteers, and sponsors, or other risks associated with COF events or activities may cause injury, illness, paralysis or death to myself, other persons, and/or damage to property. Some of the risks associated with COF events, rides, and activities include, but are not limited to equipment failure, collisions with other riders, terrain objects, or vehicles, and known or unknown medical conditions. I assume full and sole responsibility for all risks, both known and unknown, inherent or otherwise, related to the COF events, rides and activities. Further, I am voluntarily participating in this activity with knowledge of the risks and fully accept and assume all risks related to/or arising from COF events, rides, and activities.
- Acknowledging that such risk exists, I PERSONALLY AND ON BEHALF OF MY MINOR CHILD, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE COF, IT'S OFFICERS, OFFICIALS, MEMBERS, VOLUNTEERS, AND SPONSORS, and the officers, directors, employees, representatives, agents, insurers, and successors of all the above (hereinafter individually and collectively referred to as the "Releasees") from any and all claims, damages, losses, actions, suits, proceedings, breach of contract actions, wrongful death actions, expenses, attorney fees, and liability that I, anyone on my behalf, my heirs, next of kin or minor child might have for or relating to any injury, including death, to my person or that of my minor child or property suffered or claimed to have been suffered by me which arises out of or is related in any manner, either directly or indirectly, to me or my minor child's participation in any COF event, ride or activity or my assistance at any COF event, ride or activity, including, but not limited to, any claim that the act or omission complained of was caused in whole or in part by the negligence in any form of the Releasees.
- I further agree to INDEMNIFY, HOLD HARMLESS, AND DEFEND in any action or proceeding Releasees against all claims, lawsuits, losses, damages, actions, suits, proceedings, claims, and expenses, including attorney's fees and costs arising from or relating in any respect to me or my minor child's participation in any COF event, ride or activity or my assistance at any COF event, ride or activity or my breach of this agreement regardless of whether the act or omission complained of was caused in whole or in part by the negligence in any form of the Releasees. COF Volunteers have no duty to indemnify, defend or hold harmless the Releasees.
- This document is governed by the laws of the State of Indiana. If one or more portions of this document are found unenforceable, the remainder of the document will remain enforceable. If I am a minor, my parent or guardian is also signing individually and on my behalf and we both agree to be bound by the terms of this agreement.

*I have read and fully understand this Waiver and Release of Liability and Indemnity Agreement and agree to be bound by its terms. I understand that by signing this document I may be waiving certain legal rights, including the right to sue COF or any of the Releasees. I have read this document and sign this document freely and willingly.*

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

PRINT PARTICIPANT NAME: \_\_\_\_\_ PARENT/LEGAL GUARDIAN: \_\_\_\_\_

SIGNATURE IF MINOR: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

UNSIGNED REGISTRATIONS WILL NOT BE ACCEPTED