

## Jersey Devil Metric Century: ENTRY FORM – Adult Only (age 18+) v.3/4/23

South Jersey Wheelmen P.O.Box 7, Norma, NJ 08347

note-ebikes: Only class 1 (pedal assist only, 20 mph max assist) allowed on SJW rides.

| Name:  |  |  |
|--|--|--|
| Street:  |  |  |
| City:  |  |  |
| Phone: ()  | Emergency Phone: ()  |  |
| Email:   | LAB Member? YES NO   |  |
| am: 18 or over Under 18> (Parent or Guardian: see below for Rules & Forms)   |  |  |
| Fees: Checks Payable to - South Jersey Wheelm  Mail Regist: \$30 (in our PO box, Wed before event), Me   |  |  |
| consideration of being permitted to participate in any was ("activity") I for myself, my personal representatives, as 1. Acknowledge, agree, and represent that I health, and in proper physical condition to participate in roads and facilities open to the public during the Activity warrant that if at any time I believe conditions to be uns 2. Fully understand that: (a) bicycling activities paralysis and death ("risks"); (b) these risks and danger others participating in the activity, the conditions in which there may be other risks and social and economic losse and assume all such risks and all responsibility for losse 3. Hereby release, discharge, and covenant agents, officers, members, volunteers, and employees, leasers of premise on which the activity takes place, (exploses, or damages on my account caused or alleged to including negligent rescue operations; and I further agree indemnity agreement I or anyone on my behalf, makes each of the releasees from any litigation expenses, atto such claim.  4. I am 18 years of age or older, have read to substantial rights by signing it, and have signed freely accomplete and unconditional release of all liability to the held to be invalid the balance, notwithstanding, shall content to the participate in the | I understand the nature of Bicycling Activities and that I am qualified, in good in such Activity. I further acknowledge that the Activity will be conducted over public yand upon which the hazards of traveling are to be expected. I further agree and safe, I will immediately discontinue further participation in the Activity. I will immediately discontinue further participation in the Activity. I will immediately discontinue further participation in the Activity. I will immediately discontinue further participation in the Activity. I will be caused by my own actions, or inactions, the actions or inactions of the the activity takes place, or the negligence of the "releasees" named below; (c) we es either not known to me or not readily foreseeable at this time; and I fully accept es, costs, and damages I incur as a result of my participation in the activity. It not to sue the "CLUB", the "LAB", their respective administrators, directors, other participants, any sponsors, advertisers, and, if applicable, owners and ach considered one of the "releasees" herein) from all liability, claims, demands, to be caused in whole or in part by the negligence of the "releasees" or otherwise, we that if despite this release and waiver of liability, assumption of risk, and a claim against any of the releasees, I will indemnify, save and hold harmless before fees, loses, liability, damage, or cost which any may incur as the result of this agreement, fully understand its terms, understand that I have given up and without any inducement of assurance of any nature and intend it to be a greatest extent allowed by law and agree that if any portion of this agreement is ontinue if full force and effect. (waiver v.3/21) |  |
| Signature of Participant (adult age 18 or above)   | Date   |  |
| NOTES: 1.This release MUST be signed before y  | you can participate. 2. HELMETS REQUIRED   |  |
|  |  |  |

MINORS (under 18 years age)

All Minors must be accompanied by Parent / Guardian and each must complete a form below

Continued from parent/guardian release: and I, the minor's parent and/or legal guardian, understand the nature of bicycling activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

| Print Minor's Name:   | Birth Date Of Minor:  |
|---|---|
| Signature: Minor Participant  |   |
| Parent/Guardian-Name: <b>Print</b>  | Signature   |
| Address-Street, City, State, Zip:   |   |
| •   | Date:   |
| Continued from parent/guardian release and the minor's experience and capabilities participate in such activity. I hereby release the releasees from all liability, claims, dem in part by the negligence of the "releasees' release, I, the minor, or anyone on the min                | R RELEASE (for Participants Under the Age of 18)  and I, the minor's parent and/or legal guardian, understand the nature of bicycling activities and believe the minor to be qualified, in good health, and in proper physical condition to e, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of ands, losses, or damages on the minor's account caused or alleged to be caused in whole or or otherwise, including negligent rescue operations and further agree that if, despite this or's behalf makes a claim against any of the releasees named above, I will indemnify, save, om any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the |
| Print Minor's Name:   | Birth Date Of Minor:  |
| Signature: Minor Participant  |   |
| Parent/Guardian-Name: <b>Print</b>  | Signature   |
| Address-Street, City, State, Zip:   |   |
| ·   | Date:   |
| Continued from parent/guardian release<br>and the minor's experience and capabilities<br>participate in such activity. I hereby release<br>the releasees from all liability, claims, dem<br>in part by the negligence of the "releasees'<br>release, I, the minor, or anyone on the min | R RELEASE (for Participants Under the Age of 18)  and I, the minor's parent and/or legal guardian, understand the nature of bicycling activities and believe the minor to be qualified, in good health, and in proper physical condition to a discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of ands, losses, or damages on the minor's account caused or alleged to be caused in whole or or otherwise, including negligent rescue operations and further agree that if, despite this or's behalf makes a claim against any of the releasees named above, I will indemnify, save, om any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the  |
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| Signature: Minor Participant  |   |
| Parent/Guardian-Name: <b>Print</b>  | Signature   |
| Address-Street, City, State, Zip:   |   |
| phone:  | Date:   |