

AMBERATIONS

Register me for the Amberations Bike Race and Family Fun Ride.

Riders Name(s) _____

Date(s) of Birth _____

Address _____

Home Phone _____

Cell _____

Email _____

Emergency Contact _____

I hereby waive and release any and all claims for myself and my heirs against Amberations, Inc., all sponsors,volunteers and staff of this event for any injury or illness that may directly or indirectly result from my participation in the Amberations Bike Race and Family Fun Ride. I am in proper physical condition to participate in this ride and my bike has been properly maintained and is in good working order. I pledge to obey all applicable traffic laws and understand that a helmet is required while riding. I grant full permission to use my likeness and photographs and videos and my statements for all publicity and promotional purposes without obligation or liability to me.

Signature _____

(Rider, or Parent/Guardian of rider under 18)

Date _____