



Please Print Clearly



Use one form for each rider 16 and over
Please print clearly

First Name	Last Name	E-Mail Address		
Home Address	City	State	Zip	Phone
Emergency Contact – Name		Emergency Contact – Phone		

No information will be released to a third party.

Riders under age 16 are free but must be accompanied by an adult rider.

	Cost
Registration cost through February 28, 2019 is \$20	\$20.00
Registration cost during March, 2019 is \$25	\$25.00
Registration cost after March 31, 2019 is \$30	\$30.00
MAIL IN REGISTRATION ENDS MAY 15th, 2019	
DAY OF RIDE FEE PER RIDER	\$35.00

TOTAL ENCLOSED – make checks payable to Hanover Cyclers: \$ _____

COME RIDE WITH US! WEATHER: We will ride rain or shine!

- ❖ *In the spirit of spring, we welcome all levels of cyclists to ride with us. This year's three rides are scenic loops on lightly traveled roads through the world famous Hanover Shoe Farm and through Adams and York Counties.
The barns at Hanover Shoe Farm will be open to see the season's newborn foals. Visit the Hanover Shoe Farm webpage www.hanoverpa.com*
- ❖ *Ride options of 15, 25 and 35 miles include the Horse Farm. All rides start and end at the Irishtown Fire Company, 934 Irishtown Rd., New Oxford, PA 17350. All routes will be marked. Cue sheets will be provided. Sag wagons will be available by cell phone for pick-up only. SAG wagons do not provide repair service. There is a mechanic at the start point, Irishtown Fire Co. SAG wagons will be available until 3:00 PM.*
- ❖ *REGISTRATION: Pre-Registration is encouraged. Day of ride registration begins at 7:00 AM. Visit our website www.hanovercyclers.org to download a form or online registration is available at www.bikereg.com, search for Annual Horse Farm Tour.*
- ❖ *FOOD: There will be light snacks and water available before the ride. Grilled hot dogs, burgers and drinks will be provided after the ride. The Fire Company closes at 3:00 PM.*

Mail this form and make check payable to:
Hanover Cyclers, 129 Baltimore Street, Hanover, PA 17331
PLEASE SIGN WAIVER ON BACK

**LEAGUE OF AMERICAN WHEELMAN (L.A.W.) d/b/a LEAGUE OF AMERICAN BICYCLISTS (L.A.B.)
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT**

IN CONSIDERATION of being permitted to participate in the Hanover Cyclers (“Club”) sponsored 2019 HORSE FARM TOUR (“Activity”) I, for myself, my personal representatives, assigns, heirs, and next of kin:

- ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (“Risks”); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
- HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, the LAB, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessees of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY 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 I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT:	
ADDRESS:	
PHONE:	
PARTICIPANT’S SIGNATURE: (only if age 18 or older) I HAVE READ THIS WAIVER	DATE:

MINOR 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 RELEASEE’S 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.

PRINTED NAME OF PARENT/GUARDIAN:	
ADDRESS:	
PARENT/GUARDIAN SIGNATURE: (only if participant is under the age of 18) I HAVE READ THIS WAIVER	DATE:

Hanover Cyclers