

OFFICIAL APPLICATION

Smyth County Fall Tour Bike Ride

60 Mile Classic

40 Mile Classic

Ride will start and end at the Saltville Town Commons

Saturday, October 7, 2017

Starting time: 8:00 am

Entry Fee: \$35.00 in advance / \$40.00 after September 22nd, 2017

Proceeds will benefit Smyth County Imagination Library.

T-Shirts, a meal ticket and entry into the events area are included with the ticket cost

You must pre-register by noon on 9/22/17 to be guaranteed a shirt!

Helmets Required

Ages 16-17 MUST be accompanied by an adult to supervise

Any children under age 18 need a parent/guardian's signed permission to participate

****This ride is strongly discouraged for those under 16 years old****

PARTICIPANT CATEGORY

GENDER: _____ CATEGORY: ___ 60 mile ___ 40 mile

T-SHIRT SIZE: ___ S ___ M ___ L ___ XL

PARTICIPANT NAME

Name of Registrant: _____

AGE _____

Street Address: _____ Apt/P.O.

Box _____

City: _____ State: _____ Zip Code: _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Contact Number(s): _____

CHAMBER OF COMMERCE OF SMYTH COUNTY, INC.

PO Box 924 / 214 West Main Street Marion, VA 24354

PHONE: 276-783-3161 FAX: 276-783-8003

All proceeds from the event will be used to support the Smyth County Humane Society

**PARTICIPANT RELEASE OF LIABILITY
-READ BEFORE SIGNING-**

In consideration of being allowed to participate in any way in **Smyth County Fall Foliage Ride**, related events and activities, I _____,
the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this race is possible and includes but is not limited to the following: road hazards presented from vehicles, other bikers etc while on the road, drowning, near-drowning, sprains, strains, fractures, heat and cold, injuries, overuse syndrome injuries.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official; and,

4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, **HEREBY RELEASE INDEMNIFY, AND HOLD HARMLESS the Chamber of Commerce of Smyth County**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, volunteers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), **WITH RESPECT TO ANY AND ALL INJURY DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE**, to the fullest extent permitted by law.

5. I further state that I am in proper physical condition to participate in this event and am over 18 years of age. ***(If under 18 years of age, must have parent(s)/legal guardian signature).**

6. The Releases reserve the right to postpone, cancel, or modify the event due to weather conditions or other factors beyond the control of the releases which might affect the health or safety of the participants. No refunds will be granted.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ DOB _____ DATE _____
Participant's Signature

X _____
*Parent(s)/Legal Guardian Signature (if under 18 years of age)

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