

Registration Form: WCSU Centennial Century Bike Ride, www.wcsu.edu/bike100/

Instructions: Please complete the registration form and sign the waiver form and mail to:
Richard Jones, Dept of Computer Science, WCSU, 181 White Street, Danbury, CT 06810

Notice:

- a) For participants who plan to • **eat** at ECSU's cafeteria, • **sleep** in ECSU's gym, or • want **bus transportation** from WCSU (Danbury) to ECSU (Willimantic) on Saturday, this form must be received by **Friday April 25, 2003**.
- b) For participants who need none of the services mentioned above, completed registration and waiver forms will be accepted immediately prior to the event. However, we do hope that you will register by mail so we can estimate the turnout.

Last name: _____ First Name: _____
Street Address: _____ Phone: _____
City: _____ email: _____
State: _____ Zip: _____ Year of birth: _____

Please check the following services desired and other details:

- [] - supper at ECSU [] - breakfast at ECSU's cafeteria [] sleep at ECSU
[] - bus transportation from Danbury to Willimantic. See details at website.
[] - would like assistance in finding team member(s) to split riding distance. See details about "team" concept at the website www.wcsu.edu/bike100/
[] - Ride option: ECSU to WCSU or [] - Ride option: RI border to NY border

Waiver Form

I, the undersigned, for myself, for my relatives, for my heirs, executors, administrators and assigns, **waive and release** any and all claims for damages, for death, personal injury or loss of property, I may have or which may accrue to me as a result of my participation in the WCSU Centennial Bike Ride that takes place on Sunday, May 4, 2003. This includes related activities on the preceding day.

I discharge and release all agencies and departments within the State of Connecticut and all employees of the State of Connecticut from all liability arising out of or connected in any way with my participation in this event, whether or not caused by the negligence of any of the above parties.

I acknowledge that this event contains **risks**, and including the risks of falling, collision with other bicycles, motor vehicles, or stationary objects, and the conditions of the road. My participation is voluntary and done at my own risk. I voluntarily assume all risks of loss, damage or injury that may be sustained while participating in this event.

I attest that **I am sufficiently trained** for my participation in this event. I recognize that an event of this nature can be physically demanding. I acknowledge the sponsor's recommendation that I consult with a physician regarding the advisability of my participation in this activity. I further acknowledge that no special arrangements have been made with regard to the conditions of the roads or to controlling vehicle traffic on the roads that comprise the bike route.

I understand and agree that medical or other services rendered to me by or at the insistence of any of the above parties **is not an admission of liability** to provide or to continue to provide any such services, and is not a waiver by any of said parties of any right hereunder.

I understand that **serious accidents occasionally do occur** during any bike ride and that participants in this event may sustain mortal or serious injury. Nevertheless, I agree to assume these risks and to release and hold harmless all of the persons mentioned above who might otherwise be liable to me for damages.

I attest that the equipment that I will use in this event is in good mechanical condition. I understand that **bicycle helmets** can prevent serious injury and I agree to wear one while participating in this event.

I have read and understand everything written above, and I voluntarily sign this agreement.

Signature of participant: _____ Date: _____

Signature of parent or guardian: _____ Date: _____
(for riders under the age of 18)