



YES!

Sign me up for Pedalpalooza!

May 21-22, 2022

NAME _____

Birthdate _____

Address _____

City _____ State _____ Zip _____

Email _____

Shirt Size circle S M L XL XXL (if available)

☐ \$30 until 5/6, \$35 5/7-5/22

☐ \$15 Kids shirt only, circle size YS YM YL YXL S M L XL

Thank you for supporting
Family Health Partnership Clinic in our mission
to provide quality health care to the
uninsured men and women of our community.

For more info, visit hpclinic.org

Donation amount \$ _____

Cash/ check/ credit

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Family Health Partnership Clinic, RunSignup.com, McHenry County Conservation District, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that participating in an event that is organized as a biking activity where I bike on my own, at a date and time of my choosing, in a location and route of my choosing, which will not have any support or security measures in place by the Family Health Partnership Clinic is a potentially hazardous activity, which could result in injury or death. I acknowledge that I am participating in the activity outlined by this event by my own free will and at my own personal risk. I will not participate in this event unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I further agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I also agree to abide by any COVID-19 distancing and other safety guidelines issued by the state, the community or by this event for my participation in Pedalpalooza.

I agree to abide by any decision of an event official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I having read the rules of the bike event scheduled for May 21 through May 22 including the terms in this waiver, the timeline of the event, and agree to abide by them. I assume all risks to me associated with biking on my own as part of this activity, including but not limited to: falls, contact with other pedestrians/bikers, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road or trail, all such risks being known or unknown and appreciated by me when out cycling on my own without any type of support from local officials or event organizers.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

This event follows the standard industry policy: All entry fees are non-refundable. We reserve the right to change the details of the event without prior notice. I understand that my entry fee is nonrefundable.

Sign _____ Date _____