

REGISTRATION FORM

Route 66 Bicycle Tour and Post Ride Meal: June 1, 2019

NAME: _____ AGE: _____

RIDE LENGTH:	15 MI	30 MI	45 MI	66+(70 MI)	100 MI
	\$30	\$45	\$45	\$45	\$45

Family Rates

	15MI Family	Family All Others
Family=2 adults and 2 kids 12yrs-18yrs	\$85	\$105
	Kids 12 and under ride free	

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT
NAME: _____ Phone Number _____

Are you staying at a hotel/motel? Circle one

No Yes in Joplin Yes in another city

How did you hear about the ride _____

Ride fee..... _____

Kids 12 and under..... _____ x \$10.00=\$ _____

Number of non rider meals:..... _____ x \$6.00 = \$ _____

Total amount enclosed:..... \$ _____

Please make checks payable to Joplin Trails Coalition
Send checks to Joplin Trails Coalition, P.O. Box 2102, Joplin, MO 64803

Helmets Required

Route 66 Mother Road Bicycle Tour Ride Waiver 2019

PLEASE READ CAREFULLY.

In consideration of the acceptance of this application, I hereby, for myself, my heirs, executors, administrators and assigns, and anyone entitled to act on my behalf, release and discharge the sponsors, directors, officials, employees, and volunteers from any kind of illness or damages suffered by me as a result of my participation in, or traveling to or from, the 2019 Route 66 Mother Road Bicycle Tour.

I know and understand that bicycling is potentially hazardous. I should not enter the 2019 Route 66 Mother Road Bicycle Tour unless I am medically able and properly trained. I assume all risks associated with riding in the Route 66 Mother Road Bicycle Tour including, but not limited to, falls, contact with other participants, the effect of weather, traffic and conditions of the roads and all such risks being known and appreciated by me. I realize that bicycling is a strenuous activity which requires proper physical conditioning. I do hereby certify that I am in such physical condition and in good health. I agree to wear all appropriate equipment, including a helmet, at all times while riding in the 2019 Route 66 Mother Road Bicycle Tour.

I understand this waiver includes children in my party being pulled or riding in a bike seat.

ADULT RIDER:

Signature: _____ Date: _____

Printed Name: _____

YOUTH – UNDER 18 YRS: (Youth under 18 must be accompanied by a parent or legal guardian. Adult accompanying child must sign above.)

Youth First Name (print): _____ Youth Last Name (print): _____

Date: _____ Number of children in bike seats, buggies or carts riding free. # _____

[A SIGNATURE IS REQUIRED ON THIS FORM.](#)

Joplin Trails Coalition

PO Box 2102

Joplin, MO 64803