

SEPTEMBER 11, 2016



CHILDREN'S BIKE RACES



Proud partner of the
Thompson Bucks County Classic



AGES

3-5 Big Wheel / Trikes
6-8, 9-10, 11-13

DISTANCE

220 yards for 10 & under
Up to 320 yards for 11-13

REGISTRATION

Parents must fill out waiver
and bring to registration at
Harvey & Court St.

FREE EVENT!

Young riders get the
thrill of a lifetime as
they sprint up to the
pro finish line.

10:00am - Registration

10:45am - Races Begin

Medals & photos post-race

**HELMETS REQUIRED!
CHECK TIRE PRESSURE!**

BUCKSCOUNTYCLASSIC.COM

Entry, Accident Waiver, and Release of Liability

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY ACTIVITY ASSOCIATED WITH THE THOMPSON BUCKS COUNTY CLASSIC.

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, my own physical condition, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this event, and that I choose to participate in this Event of my own free will.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by American Bicycle Racing Inc., The Thompson Organization, and the event holders, sponsors, and organizers, and any of their directors, committee members, officers, employees, volunteers, representatives, successors, assigns, agents, and any other party, municipalities or other public entities connected with this event (collectively, the "Releasees"), in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, and with specific exception to that which may arise from the gross negligence of the Releasees I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (a) I waive, release and discharge the Releasees from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me from my participation in or my traveling to and from this event; and (b) indemnify, promise not to sue, and hold harmless the Releasees from any and all liabilities, damages, actions, costs, expenses or claims which may arise from the above or occur as a result of any of my actions during this event.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or Releasees.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

I HEREBY CERTIFY THAT I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signature of Participant:	_____	Date:	_____
Age Group Entered:	_____	Age:	_____
Name of Event:	<u>Thompson Bucks County Classic Kids Races</u>	Date of Event:	<u>September 11, 2016</u>
First Name:	_____	Last Name:	_____
Street Address:	_____	City, State, & Zip:	_____
Phone Number:	_____	Email Address:	_____
Emergency Contact:	_____	Phone Number:	_____

PARENT GUARDIAN WAIVER FOR MINORS (UNDER 18 YEARS OLD)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Signature of Parent or Guardian: _____ Date: _____

Free One Day Membership in American Bicycle Racing with this Entry.