

TOUR DE LOPEZ

Saturday April 25th, 2020

REGISTRATION

Online registration also available through www.events.com

Name _____	Birthday _____
Name _____	Birthday _____
Name _____	Birthday _____
Name _____	Birthday _____
Address _____	

Phone _____	

Email _____	

(We must have your full address, phone number and email address to complete your registration and to ensure you receive all future information related to the ride.)

- \$50 ADULT** age 13-130 INCLUDES LUNCH _____
- \$30 YOUTH** age 6-12 INCLUDES LUNCH _____
- \$130 FAMILY** (2 adults, 2 youth) INCLUDES LUNCH _____
- \$15 Additional Lunch** (for non-riders) _____

Proceeds from Tour de Lopez support the activities of the Lopez Island Chamber including maintenance costs for the Village Park grounds, restrooms and showers. Any donations are greatly appreciated.

Lopez Island Chamber Donation	\$ _____
TOTAL SUBMITTED	\$ _____

Official Tour de Lopez Poster, T-shirts and other merchandise will be available at the event.

Please send check, registration & **signed release form** (*We must have a signature, or parent signature for each participant*). **Refund Policy:** Cancellations by April 4th, 2020 would be refunded in full, minus any service charge. No refunds will be issued after April 4th, 2020. Registration closes April 11th or when sign up reach 850.

To: Lopez Island Chamber of Commerce PO Box 102 Lopez Island, WA 98261
 Questions? Call 360/468-4664 or email: lopezchamber@lopezisland.com

Office Only:	Received _____	Processed _____	Amount \$ _____
Payment Method:	Cash _____	Card _____	Check _____
Name on Card or Check	_____		Confirmation#: _____
	Check # _____		_____

Tour De Lopez - 2020

WAIVER AND HOLD HARMLESS AGREEMENT (Must be signed to participate)

I acknowledge that by signing this Waiver and Hold Harmless Agreement ("Waiver"), I am releasing the Lopez Island Chamber of Commerce and its directors, agents, employees, members, event sponsors, promoters and affiliates from any and all liability arising from my participation in the Tour De Lopez ("TDL") Event. I understand that my execution of this Waiver is a prerequisite for participation in the TDL, and that this Waiver is a valid and binding contract between me and the Lopez Island Chamber of Commerce.

I understand and acknowledge there are certain risks associated with bicycle riding, including the risk of serious bodily injury or death, and I expressly agree to assume those risks. I fully assume the risks associated with such participation including and not limited to dangers of collision with pedestrians, vehicles, other riders and fixed or moving objects; the dangers arising from surface hazards, including pot holes, equipment failure, inadequate safety equipment, my own negligence, and weather conditions. I understand that Lopez Island is a rural area with hills, limited visibility, and narrow curving roads with little or no shoulder.

I understand that this Waiver is also binding on my heirs and representatives. If I am signing on behalf of a minor, I accept full responsibility for all medical expenses incurred as a result of the minor's participation. I agree to hold harmless and indemnify the entities named above for any claim brought on behalf of the minor.

I warrant that I am in proper physical condition to participate in this event, that I am a sufficiently competent cyclist to handle the road conditions, and that my bicycle is in a safe operating condition. I understand that wearing a bicycling helmet can minimize head injuries which may occur in a cycling accident and that all participants have been strongly advised to wear an approved helmet while participating in this event. I agree to follow the rules of the road and all applicable laws and safe bicycling practices. I grant the Lopez Island Chamber of Commerce the right to use photographs taken of me and/or the minor listed below during the Tour de Lopez for event promotion purposes.

I understand and agree that this Waiver is intended to be a complete and unconditional release of all liability as permitted by the laws of the State of Washington. I further understand and agree that this Waiver shall be governed by and construed in accordance with the laws of the State of Washington and that venue for any legal action arising out of this Waiver shall be in the San Juan County Superior Court.

I have carefully read and considered the implications of this Waiver and fully understand its contents. I understand and acknowledge that I am giving up significant legal rights, including the right to sue, and I understand I have the right to consult with legal counsel of my choosing prior to signing this Waiver. By my signature below, I have either consulted with an attorney or have knowingly and voluntarily declined to do so.

Print Name of participant

Signature of participant Date

Print Name of participant

Signature of participant Date

Print name of participant

Signature of participant Date

Print Name of minor participant

Print Name of minor participant

Print Name of minor participant

Signature of parent/guardian if participant(s) Date
is/are under 18 years of age