

A Peach of A Ride Registration



MEMPHIS JR. / SI	A. HIGH SCHOOLS	•	SUNDAY, AUGUST
Please Print	One ric	der	per application

24, 2014 • MEMPHIS, MICHIGAN Form may be duplicated

Name			Age	Phone			
			5				
Street Address City, State and Zip			ind Zip				
email Address							
Preferred Route PAVED 22 40 60 100							
Emergency Contact Name				Phone			
Registration Fees	Postmark on or before 08/01/14		stmark after and/or Day o		Amount Enclosed		
ADULT	\$18.00	\$25.00		\$			
CHILDREN 12 and under	\$5.00	\$5.00			\$		
FAMILY RATE Parents & children under 18	\$40.00	\$55.00		\$			
Short Sleeve T-Shirt (circle	e size) S M L XL	XXL	\$12 eac	h	\$		
T-shirt order and payment must be received by August 1, 2014					\$		
Make checks Payable to: Slow Spokes of Macomb, Inc., P. O. Box 792, Sterling Heights, MI 48311					\$		
 Routes open at 7:00 a.m. and close at 4:00 p.m. 100-mile riders must start by 8:00 a.m. 22 and 40-mile riders must start by 11:00 a.m. 60-mile riders must start by 9:00 a.m. Marked routes and individual route maps Scrumptious home made cookies at all rest stops CAO Wargens for minor mapping 							

- SAG Wagons for minor repairs
- Continuous radio communications •
- NO REFUNDS WILL BE GIVEN •
- Registration limited to 750 Riders

PROCEEDS FROM PEACH OF A RIDE ARE GENEROUSLY DONATED TO MANY LOCAL CHARITABLE ORGANIZATIONS AND BIKE SAFETY PROGRAMS

Slow Spokes Bicycle Club



48311

www.peachofaride.org Email: info@peachofaride.or Website:



ow pokes

44th annual

SUNDAY, AUGUST 24, 2014

Registration opens 7:00 a.m.

All routes start from Memphis Jr. / Sr. High Schools 34130 Bordman Road Memphis, MI 22, 40, 60 & 100-mile paved routes

PEACH OF A RIDE

The Slow Spokes invite you to join us on this scenic tour through rustic farm country that abounds with apple orchards as well as stately old trees with colorful foliage.

SAFETY Bike Helmets are MANDATORY

The safety of our riders is of primary concern to the Slow Spokes. Therefore, we ask that you practice courtesy to other riders and signal your intentions to motorists as well as your fellow cyclists. No headphone devices will be permitted on these routes, for they may block out the sound of approaching traffic. Please obey all traffic laws—they are there for your safety and protection. Please remember that the police may ticket you for breaking the law.



FOOD

Enjoy delicious home made cookies, sandwiches and other snacks at our well stocked rest stops along the way. Each route has conveniently located rest facilities including water stations, rest rooms and friendly pit crew members. At the conclusion of the ride enjoy a light lunch and a delicioius **PEACH DESSERT!**

YOU DESERVE IT!!!!



A Peach of A Ride Registration As listed in the LMB Poster Calendar

s listed in the LMB Poster Calenda HELMETS are REQUIRED

MEMPHIS JR. / SR. HIGH SCHOOLSSUNDAY, AUGUST 24, 2014MEMPHIS, MICHIGANPlease PrintOne rider per applicationForm may be duplicated

LEAGUE OF AMERICAN WHEELMEN d/b/a LEAGUE OF AMERICAN BICYCLISTS ("LAB") RELEASE AND WAIVER OF LIABILITY, ASSUMTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in <u>Slow Spokes of Macomb, Inc.</u> ("Club") sponsored Bicycling Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

- ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- 2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
- 3. HEREBY RELEASE, DISCHARGÉ, AND COVENANT NOT TO SUE the Club, the LAB, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessers of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OF ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PARTICIPANT'S SIGNATURE (only if 18 years old or over)

DATE:

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN THE ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN:

SIGNATURE OF PARENT OR GUARDIAN

DATE

Please fill in both sides of registration form, detach and mail with your payment. Unsigned waiver forms or minors without signed release forms will not be permitted to ride.