

A Peach of A Ride Registration



MEMPHIS JR. / SR. HIGH SCHOOLS • SUNDAY, AUGUST 30, 2015 • MEMPHIS, MICHIGAN Please Print One rider per application Form may be duplicated

Name		Age	Phone	
Street Address	City, State ar	City, State and Zip		
email Address		Please check here if you do not want your name shared with other organizations regarding their cycling events.		
Preferred Route PAVED 22	4060 <u></u> 100	0		
Emergency Contact Name			Phone	
Registration Fees	Postmark on or before 08/01/15	Postmark after 0 and/or Day of		Amount Enclosed
ADULT	\$18.00	\$25.00		\$
CHILDREN* 12 and under	\$5.00	\$5.00 vanied by an adult at all time	es.	\$
FAMILY RATE Parents & children under 18	\$40.00	\$55.00		\$
Short Sleeve T-Shirt (circle size) S M L XL XXL \$12 each				\$
T-shirt or	\$			
Make checks Payable to: Slow Spoke	\$			

- Routes open at 7:00 a.m. and close at 4:00 p.m.
- 100-mile riders must start by 8:00 a.m.
- 60-mile riders must start by 9:00 a.m.
- 22 and 40-mile riders must start by 11:00 a.m.
- Marked routes and individual route maps
- Scrumptious home made cookies at all rest stops
- SAG Wagons for minor repairs
- Continuous radio communications
- NO REFUNDS WILL BE GIVEN
- Registration limited to 750 Riders

Enjoy a light lunch and Delicious Peach Dessert at the conclusion of the ride.

REGISTRATION OPENS AT 7:00 A.M.

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

Slow Spokes Bicycle Club

P. O. Box 792 Sterling Heights, MI 48311 Email: jpwilhelm@hotmail.co Website: www.slowspokes.or





45th annual

Peach of A Ride - 2015



SUNDAY, AUGUST 30, 2015

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!!!!



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As listed in the LMB Poster Calendar HELMETS are REQUIRED

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Please Print

DADTICIDANT'S SIGNATURE (and if 10 years old or ayer)

One rider per application.

Form 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) BICYCLÍNG 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, DISCHARGE, 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.

DATE

FARTICIFANT 3 SIGNATURE (Only II To years old or over)	DATE.
MINO	OR RELEASE
EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO B TO PARTICIPATE IN THE ACTIVITY. I HEREBY RELEASE, DISCHA AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIA ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER ATHE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RE	RSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION ARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE BBILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, AGREE THAT IF, DESPITE THIS RELEASE I, THE MINOR, OR ANYONE ON ELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE AND HOLD XPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY
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.