

First Name: _____ Last Name: _____ Emergency Contact: _____

City: _____ State: _____ Shirt Size: _____ Emergency Contact Phone: _____

Phone: _____ Age: _____ Gender: _____ Email: _____

SELECT YOUR RIDE DISTANCE

() **16 Mile Ride (8:30am Start Time): \$50**

Turn around at West River Trail (Mile 8)

() **34 Mile Ride (8:15am Start Time): \$60**

Turn around at Niagara Discovery Center (Mile 17)

() **62 Mile Ride (8:00am Start Time): \$70**

Turn around at Fort Niagara Lighthouse (Mile 31)



Please Mail Check Payable to:

iRun WNY Inc.

1570 Braley Road

Youngstown, NY 14174

2024 Pedal For Parks ACKNOWLEDGEMENT OF RISK AND RELEASE

I ("Releasor"), the undersigned, being at least 18 years of age, in consideration of being permitted to participate in the Pedal for Parks ("Activity"), do for myself and my heirs, executors, administrators and assigns, hereby release and forever discharge the State of New York, the Natural Heritage Trust, the New York State Office of Parks, Recreation and Historic Preservation, their officers, employees, agents, sponsors and their representatives, their heirs, administrators, and executors (hereinafter "Releasees") of and from any and every claim, demand, action or right of action, of whatsoever kind or nature either in law or in equity arising from or by reason of any bodily injury or personal injuries or illnesses known or unknown, death and/or property damage resulting from, occasioned by, arising out of, or occurring as a result of my participation in the Activity.

I am familiar with and acknowledge the risks associated with participation in the Activity in which I have elected to participate. I attest that that I am sufficiently physically fit to participate in the Activity and that I have not been advised otherwise by qualified medical personnel. I assume full responsibility for any injuries, damages or illnesses which may occur during the Activity or afterwards.

By signing this release, I am in no way releasing Releasees for damages caused by their own negligent act or omission. However, if I am injured or become ill and it is later determined by a court of competent jurisdiction that my injuries or illnesses were not the result, either in whole or in part of any negligent act or omission on the part of Releasees, I agree to compensate Releasees or their insurers for any costs associated with the defense of such claim.

I hereby authorize any first aid and/or medical treatment deemed necessary in case of emergency. I also authorize the attending medical person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not immediately available to do so. I understand that I am responsible for any charges incurred by me for medical treatment.

I hereby consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or exclusive television coverage of the Activity in any manner incidental to my participation in the Activity and without compensation to me.

I hereby attest that the information I have provided in the registration process is true and accurate to the best of my knowledge. I understand that should any of this information be shown to be inaccurate, the administrators of the Activity have the right to remove me from participating.

Releasor agrees that this release, waiver, assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of New York and that if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

By providing my signature below, I have carefully read the above waivers and release and agree to their content. I sign this release as my own free act.

Signature of Releasor

Date

Parent or Legal Guardian Release for Applicants Under 18 Years of Age

By signing below, I agree to allow my child to participate in the Event. I further attest that I have reviewed the information provided by my child throughout the registration process and agree to the Waivers and Releases above as if I was a signatory thereto. To the best of my knowledge, the information provided is true and accurate. I understand that should any of this information be proven false, the administrators of the Activity have the right to remove my child from participation.

Signature of Parent or Legal Guardian

Date