Gran Fonda Tour Against Cancer Registration Form

Name			Age	\ \ X
Address				
City/State/ZIP				
Phone				
Email				chainlin
I plan to ride: 3	0 miles	40 mile Gravel Growle	er	Cyclists
50 miles Road	50 miles	s Gravel (self-supporte	ed) 75 miles	FREEPORT-ILLINOIS
Here's my donation to	the FHN Leonar	d C. Ferguson Cancer C	Center:	
Cash \$	Check \$	Online gift prev	viously made \$	
accidents, negligence of the ride. I agree that ro guarantee a safe route participating in this eve effects of weather, traf I will obey all laws, ordi everyone. I consent to Having read this waived I, for myself and for the Club, FHN, and all coop successors, from all cla	or carelessness. In pute markings and or trip. I voluntaent, including, but fice and condition in ances and regular and knowing the case upon whose perating sponsorims or liabilities and arise out of new portions.	am in good health and maps are provided farily participate in this at not limited to, illness as of the road, all such ulations and will do my lical treatment in the expense facts and in considerable behalf I act, waive and of any kind arising out egligence or carelessness.	nat serious injuries or de d proper physical condit for my convenience only event and assume all ris s, injury, falls, contact w risks being known and a y best to make this ride f event I am injured or tak deration of your accepti d release the Chain Link and municipalities, their ro t of my participation in t ess on the part of the pe	ion to participate in and not to sks associated with with participants, appreciated by me. fun and safe for en ill. Ing my registration, Cyclists Cycling epresentatives and his event, even
qualified and in proper covenant not to sue, ar parties from liability, cl with the ride or its rela released parties from a occur as the result of a	physical conditing agree to indefine aims, demands, ted events and any litigation expony such claims in vities. I grant pe	ion to participate in the mnify and save and ho losses or damages on activities. I will indemnerses, attorney fees, len connection with the items of the formission to all of the formisms.	t, I certify that the mino e ride and I hereby relead old harmless all of the ab the minor's account incomify, save and hold harmle loss, liability, damage or minor's participation in oregoing to use any pho y legitimate purpose.	ase, discharge, bove released urred in connection less each of the cost that may the ride and its
I agree to wear a helm	et during this ri	de.		
Signature of Participan	t and/or Guardia	an		

Print Name: ______ June 29, 2024