

# Release of Liability and Registration



Please enclose a check for \$600 with this form and return to:

Cindy Gagnon  
4170 Spy Glass Lane  
Niwot, CO 80503

In consideration of the acceptance of my application for entry in SuperTour 2004, I, the undersigned, hereby waive, release, and discharge any and all claims for damages for death, personal injury or property damage which I may have, or hereafter accrue to me, as a result of my participation in SuperTour 2004. This release is intended to discharge in advance the promoters, organizers, leaders, assistants, bus drivers, cooks, the promoting organization and any officers, and any involved municipalities or other public entities from and against any and all liability arising out of or connected in any way with my participation in said event, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents may occasionally occur during a bicycle event such as SuperTour, and that participants in such bicycling events occasionally sustain serious or mortal personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of participating in SuperTour 2004, nevertheless, I hereby agree to assume those risks and to release and hold harmless all persons and entities liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. The SuperTour 2004 information contained herein is a part of this application and waiver, release and assumption of risk. I agree to be bound by the terms and conditions set forth in the information.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of guardian if under 18)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Emergency Medical Information

Insurance Carrier/HMO: \_\_\_\_\_

Account/Medical Record Number: \_\_\_\_\_

Allergies (especially medications): \_\_\_\_\_

Medications taken during SuperTour: \_\_\_\_\_

Are you in the MedicAlert Program? \_\_\_\_\_ MedicAlert Number: \_\_\_\_\_

Emergency Contact (Relationship): \_\_\_\_\_

Emergency Contact Address/Phone: \_\_\_\_\_