

Registration Form and Waiver

Revolutionary Ramble X • June 9, 2018

Celebrating 10 Years!

Mail this registration form, signed release, signed pledge,
and a check made payable to Morris Area Freewheelers Foundation to:

The Revolutionary Ramble
c/o Douglas Gardner
P.O. Box 822
Roseland, NJ 07068

(Please Print)

Name: _____

Ride Choice (and Start Times – Please Arrive 30 Minutes Ahead of Start):

- 12 miles (11 AM) 25 miles (10 AM) 35 miles (9:30 AM)
 50 miles (8:45 AM) 65 miles (8 AM) 100 miles (7:00 AM)

Street Address: _____

City, State, ZIP _____

Email: _____

Day Phone: _____ Evening Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Male Female Date of Birth: _____

Registration Fee (No Refunds):

Adults 18 & over:

- Thru 2/28/18: \$60 Initials _____
Thru 3/31/18: \$65 Initials _____
Thru 4/30/18: \$70 Initials _____
Thru 6/2/18: \$75 Initials _____

Youth 13-17*

Thru 6/2/18: \$20 Initials of P/G _____

Child 12 or under* (12-mile ride only)

Thru 6/2/18: \$5 Initials of P/G _____

*must be accompanied by a paying parent/guardian

Would you like a free T-shirt (available to first 500 registered riders)?

No Yes If yes, circle T-shirt size: S M L XL

(Applies to adults and to youth 13-17; children 12 or under get a free T-shirt.)



Each rider or, if under 18, their parent/guardian must sign the following release:

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("Agreement") for The Revolutionary Ramble Bicycle Tour coordinated by the Morris Area Freewheelers Foundation, Inc. ("Foundation"). IN CONSIDERATION of being permitted to participate in any way in THE REVOLUTIONARY RAMBLE bicycling activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. 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 conditions 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 may incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Foundation, it's insurer, Atlantic Health System, Drew University, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors 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 Releasees, 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 AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I 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 NAME (PRINTED):

PARTICIPANT'S SIGNATURE (only if age 18 or over):

Date: _____

MINOR RELEASE (complete for Participants Under the Age of 18)

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 SUCH 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 RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM

MINOR'S NAME (PRINTED):

BIRTH DATE OF MINOR _____

SIGNATURE OF MINOR _____

PARENT/GUARDIAN NAME (PRINTED):

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):

Date: _____



Celebrating 10 Years!

Rider Pledge

We are grateful to our Revolutionary Rambler Ride host communities for sharing their roadways with us. As riders, we need to share the responsibility of sharing the road safely.

In order to be sure that our event will always be welcome, please ride as you would want a bicyclist to ride if you were driving a car. And act as you would want visitors to your home community to act. We therefore, respectfully, ask that you sign and follow this pledge as a condition of riding in our event.

I pledge:

- To be respectful and courteous to everyone in the host communities through which we travel.
- To obey all applicable traffic signals and NJ bike traffic laws— including riding single file whenever motorists are present and not more than double file ever.
- To respect the environment, properly dispose of all litter, and only use designated rest stop facilities.
- To cooperate with all ride officials, volunteer staff, police and government officials.

PARTICIPANT'S NAME (PRINTED):

PARTICIPANT'S SIGNATURE (only if age 18 or over):

_____ Date: _____

If participant is under the age of 18:

PARENT/GUARDIAN NAME (PRINTED):

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):

_____ Date: _____