



Community Bike Ride Series 2017

Registration and Liability Release Form

A City that Rides Together is a City That Rises Together

Participant's Name: _____

Age: _____ Date of Birth (mm/dd/yy): _____ Gender: M _____ F _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian/Emergency Contact Name and Phone Number:

Relationship: _____ Preferred Hospital: _____

(In the event of an emergency you and/or your child will be transported to the nearest hospital)

Liability Release: I hereby sign this registration and liability release form on behalf of myself or as the parent or legal guardian of my child. I hereby release, forgive, exonerate and hold harmless City of Rochester, MVP Healthcare, Conkey Cruisers Inc. Neighborhood Bicycling-to-Better Health Voyage, its Administrators, Sponsors, Donors, Community Collaborators, and Volunteers from any and all liability for injuries, loss of limbs, fatalities, or loss or damage to any personal property that may arise in connection with my participation, or my child's participation in the Conkey Cruisers Bicycling-to-Better-Health Voyage. I agree to comply with all rules and regulations set by the Conkey Cruisers Inc. Bicycling-to-Better-Health Voyage, as well as safety provisions.

Photography/Videotape Release: I, hereby sign this permission form on behalf of myself or my child, to be photographed or videotaped for the purpose of program promotions, documenting and reporting the health benefits of an organized physical activity program. Neither I, nor my child will receive compensation for photographs and/or videos.

Participant/Parent/Guardian Signature _____ Date _____

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www.cityofrochester.gov/slowride