



Office Use Only:

Registration Form for HPFC BAT 2009

Saturday, June 20, 2009

- One person per application, no exceptions.
- This form may be copied for your convenience.
- Please **print** all fields other than signatures.

Print registration from Website
www.beechgrove.com/Wellness

First Name:	Last Name:	Nickname:	
Street Address:		Country (if other than US):	
City:	State (or Province):	Zip:	
Telephone #: ()	E-Mail:	Birthdate:	Gender: M F
Emergency Contact Name:		Emergency Contact Telephone #: ()	

CONSENT AND LIABILITY RELEASE
READ CAREFULLY (APPLICATION NOT COMPLETE WITHOUT SIGNATURES) BELOW

In consideration of the City of Beech Grove (the "City") permitting me or my minor child to participate in City events or activities, I, the undersigned, for myself and my heirs, next of kin, assigns, and personal representatives, do hereby agree to the following:

1. I understand that bicycling requires physical conditioning and I represent that I am in sound medical condition capable of participating in City events, rides, and activities (the "City Events") without risk to myself or others. I have no known medical impediment which would endanger myself or others. I agree that I will be solely responsible for the condition and adequacy of my bicycle, safety gear, and riding equipment. I will ride safely within the limits of my own abilities, my equipment and the riding conditions and in a manner so as not to endanger either myself or others.
2. I understand that my name, photograph, voice and/or likeness may be used in promotional or advertising materials. I consent to such uses and waive any and all rights of privacy, publicity and profits that I may have in connection with those uses.
3. I understand that bicycle riding is a potentially hazardous activity which involves risks, inherent and otherwise, known or unknown, that cannot be eliminated which may cause injury, illness, paralysis, or death to myself, other persons, and/or damage to property. I further understand that negligence of the City, including its officers, members, volunteers, and sponsors, or other risks associated with City Events or activities may cause injury, illness, paralysis or death to myself, other persons, and/or damage to property. Some of the risks associated with City Events include, but are not limited to equipment failure, collisions with other riders, terrain objects, or vehicles, and known or unknown medical conditions. I assume full and sole responsibility for all risks, both known and unknown, inherent or otherwise, related to the City Events. Further, I am voluntarily participating in this activity with knowledge of the risks and fully accept and assume all risks related to or arising from City Events.
4. Acknowledging that such risk exists, the undersigned on behalf of myself and my agents, assigns executors, heirs, trustees and representatives, release and forever discharge the City and its agents, officers, officials, trustees, directors, and employees from all actions, causes of action, rights, claims, demands, damages, costs, expenses and compensations, whatsoever, at law or in equity, whether now known or unknown, foreseen or unforeseen, anticipated or unanticipated related to or arising from my or my minor child's participation in any City Events, or my assistance at any City Events, including, but not limited to, any claim that the act or omission complained of was **caused in whole or in part by the negligence in any form of the City.**
5. I further agree to INDEMNIFY, HOLD HARMLESS, AND DEFEND the City in any action or proceeding against all claims, lawsuits, losses, damages, actions, suits, proceedings, claims, and expenses, including attorney's fees and costs arising from or relating in any respect to my or my minor child's participation in any City Events, or my assistance at any City Events, or my breach of this agreement regardless of whether the act or omission complained of was **caused in whole or in part by the negligence in any form of the City.**
6. This document is governed by the laws of the State of Indiana. If one or more portions of this document are found unenforceable, the remainder of the document will remain enforceable. If I am a minor, my parent or guardian is also signing individually and on my behalf and we both agree to be bound by the terms of this agreement.

This is a full release and waiver of any and all liability that may now or forever be attributed to the City resulting from the City Event. This agreement represents the sole and entire agreement between the parties and supersedes all prior agreements, negotiations and discussions between the parties hereto and cannot be changed except by written amendment which specifically refers to this Agreement. I have read and fully understand this Waiver and Release of Liability and Indemnity Agreement and agree to be bound by its terms. I understand that by signing this document I may be waiving certain legal rights, including the right to sue the City of Beech Grove or any of its employees agents, officials, trustees and directors. I have read this document and sign this document freely and willingly.

Participant's Signature:	Date:	Age:
Print Participant's Name	Parent/Legal Guardian Signature (if participant is minor)	

Continued on Reverse Side

Event Safety Suggestions

- 1) Riders must wear a safety helmet.
- 2) Riders should dress comfortable for the weather (no sandals permitted).
- 3) Riders should consider maintenance on their bicycles prior to the event.
- 4) Riders are encouraged to wear a camelback or backpack to carry adequate water and event supplies.
- 5) Child Carriers are allowed, however, must have a tall safety flag attached. Also, children must be securely buckled in seat.

Event Cost and T-Shirt Order

Entry Fee (by May 20, 2009):								\$20.00
Late Entry Fee (add this fee to your registration cost if postmarked after May 20, 2009)								+ \$5.00
HPFC ANNUAL BAT 2009 CLOTHING	Indicate T-shirt size you wish to order.							
Free Event T-Shirt	XS	S	M	L	XL	2XL	3XL	+ \$0.00
Extra Event T-Shirt	XS	S	M	L	XL	2XL	3XL	+ \$15.00
Extra Event T-Shirt	XS	S	M	L	XL	2XL	3XL	+ \$15.00

GRAND TOTAL

Make your check payable to: Hornet Park Fitness Center

Mail or drop-off registration form and payment to:
 Hornet Park Community Center
 HPFC Annual BAT 2009
 5245 Hornet Avenue
 Beech Grove, IN 46107

Before mailing,
 please check all
 of these items.

- Check All Math
- Enclose Your Check

Note: NO REFUNDS AFTER MAY 20, 2009
 Requests for refunds are subject to a \$10 cancellation fee.

STOP!

Please check off each item to ensure you didn't overlook anything on the Application/Waiver.

- _____ Have you fully read, filled in all blanks, and signed Page 1?
- _____ Have you fully read the safety suggestions on Page 2?
- _____ Have you selected a T-shirt size?
- _____ Make sure you have completed both pages before you mail your application!

**BETTER. BRIGHTER.
BEECH GROVE.**