



# Rider Registration Form

Riding for Natural Area Restoration: Sept 30, 2018  
at Rock Springs Conservation Area



Print Rider's Name \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Is this your first Prairie Pedal ride? (circle) YES NO If no, how many years including 2018? \_\_\_\_\_**

**Registration Fee:** \$25 by September 6 \$30 after September 6 \$ \_\_\_\_\_

**Circle Route:** 62 Mile Ride 40 Mile Ride 20 Mile Ride

**Your registration comes with a pair of cycling socks. Circle your SOCK size:**

**I don't need socks.** Use the funds to protect natural areas.

**Adult S** (women's shoe size 6-8 or men's 4.5-6.5)

**Adult M** (women's shoe size 8.5-10.5 or men's 7-9)

**Adult L** (women's shoe size 11-13 or men's 9.5-11.5)

**Adult XL** (men's shoe size 12-14)

**Youth Giveaway**

Make me a member of the Macon County Conservation Foundation: \$35 \$ \_\_\_\_\_

Make me a Mile-Marker Sponsor for Prairie Pedal: \$100 \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

**Make checks payable to "MCCF"**

### Liability Waiver – Please read and sign before registering

In agreeing to this waiver for myself, or as parent or legal guardian for the entrant named below, I hereby release from responsibility and hold harmless from any claim, foreseen or unforeseen by me or my family, estate, heirs or assigns, the Macon County Conservation Foundation and its agents, employees, officers, volunteers, other participants, any sponsors, advertisers and owners or lessors of the premises on which the Prairie Pedal takes place from any and all claims, damages, demands, injuries and losses, whatsoever, arising from my transportation to, participation in and or presence at the Prairie Pedal, and do so entirely of my own initiative. I understand that riding a bicycle on a public street or road can be a risky and dangerous activity and may result in serious bodily injury, including permanent disability, paralysis and death (collectively "risks"). I fully accept and assume all such risks and responsibility for all costs, damages, and losses. I incur as a result of my participation in the Prairie Pedal. I agree to obey all traffic laws, wear a bicycle helmet, and operate my bicycle in a safe manner. I certify that I have read this of free will and accord. If the entrant is a minor, I, the minor's parent or legal guardian, understand the nature of bicycling activities and the minor's experience and capabilities and believe the minor to be qualified to participate in the Prairie Pedal. I also authorize emergency medical treatment if I or the minor(s) named below is/are injured.

I hereby grant permission to use my and my child's (children's) name and/or likeness for promotional purposes or publicity.

Print Rider's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**Release Signature** (If signing for a minor, print parent's or guardian's name after signature) **Month / Day / Year**

Thank you for your support of Prairie Pedal. Have a safe ride.

Macon County Conservation Foundation, 3939 Nearing Lane, Decatur, IL 62521 217.423.7708

**OFFICE USE - AMOUNT PAID \$ \_\_\_\_\_ PAID BY CASH (circle) PAID BY CHECK # \_\_\_\_\_**

**CIRCLE ONE**

**RECEIVED SOCKS**

**ORDER SOCKS**