



I'm Riding!
Supporting Natural Areas & Wildlife
Sunday, September 29, 2024



Print Rider's Name _____ Age _____ Date of Birth _____

Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Phone _____

Is this your first Prairie Pedal? (circle) YES NO If no, how many years including this one? _____

Registration Fee: \$35 by August 31 \$40 after August 31 \$ _____

Circle Route: 62 Mile 40 Mile 20 Mile

I want to donate to the Macon County Conservation Foundation: \$ _____

TOTAL \$ _____

Make checks payable to "MCCF"

Liability Waiver – Read and sign before registering

In agreeing to this waiver for myself, or as parent or legal guardian for the entrant named above, 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.

Signature _____ Month/Day/Year _____

Parents or guardians signing for a minor: You must print your name after your signature

Thank you for supporting Prairie Pedal! Have a safe ride.

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

MaconCountyConservationFoundation.org

FOR OFFICE USE: AMOUNT PAID \$ _____

PAID BY CASH (circle)

PAID BY CHECK # _____

CIRCLE ONE: RECEIVED GIFTS

ORDER GIFTS