

The Journey

May 25-31, 2024

Registration Form

Thank you for registering! Please fill out all areas below. After submitting your registration form, a member of our team will contact you to discuss the routes, your needs, and your ideas.

How often will you participate?

Daily _____ 3-5 Days _____ 1-2 Days _____

Please indicate what type of bicycle you will ride:

Road _____ Mountain _____ Hybrid _____

Please indicate your level of experience:

_____ Beginner - I ride occasionally in an area with little to no traffic

_____ Intermediate - I know the fundamentals, have ridden with traffic, and feel confident on my bicycle

_____ Experienced - I have put many miles on a bicycle, and I have the skills to meet most challenges on the road

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Contact Information:

Name _____ Age _____ Phone Number _____

Email _____

Emergency Contact: _____

*****Please see back of this form for waiver, which must be signed in order to participate.*****



FIRST UNITED METHODIST CHURCH

406 SHIRLEY ST. • DERIDDER, LA 70634 • 337.463.4491

WWW.FUMCDERIDDER.ORG • INFO@FUMCDERIDDER.ORG

Central to DeRidder, Centered in Christ
Our Mission is to Grow and Serve in Christ

The Journey Waiver Form

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Event Director, FUMC - DeRidder, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that riding a bicycle is a potentially hazardous activity. I should not enter and ride unless I am medically able to do so and properly trained. I assume all risks associated with biking in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in riding a bicycle. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any bike official relative to my ability to safely complete the ride. I certify as a material condition to my being permitted to enter this bicycle ride that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

This event follows the standard riding industry policy: All entry fees are non-refundable. We reserve the right to postpone or cancel the event due to circumstances beyond our control such as a natural disaster or emergency or as required to protect the safety of participants and staff. We reserve the right to change the details of the event without prior notice.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years of age) having read and agreed to the above release and waiver including.

☐ By checking this box, I agree to the waiver and confirm that I am 18 or older and agree to the privacy policy found on runsignup.com.

Signature: _____



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