

# I'm Riding!

Supporting Natural Areas & Wildlife Sunday, September 26, 2021



Print Rider's Name		Age	Date of Birth			
Phone		Ema	il			
Address			City		State	Zip
Emergency Contact Name			Phone			
<mark>Is this your first Pr</mark>	airie Pedal? (	circle) YES	NO If no, h	<mark>ow many v</mark>	years includii	ng this one?
Registration Fee:	\$25 by Sept	ember 9 \$	30 after Septem	ıber 9	\$	
Circle Route:	62 Mile	40 Mile	20 Mile			
Your registration c cycling socks. Circ		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				
I want to donate to	o the Macon (	County Conser	vation Foundati	on:	\$	
				ΤΟΤΑ	L \$	

### 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 \_\_\_\_

CIRCLE ONE:

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 \$\_\_\_\_\_

**RECEIVED SOCKS** 

PAID BY CASH (circle) ORDER SOCKS

PAID BY CHECK #\_\_\_\_\_