

ENTRY AND REGISTRATION FORM ENTRY #-JOMR-_____

For the ***“JAMES P. OLIVER MEMORIAL BICYCLE RACE”*** *for committee use only*

(*NOTE*: THIS IS NOT A PROFESSIONAL RACE)

PLEASE BRING COMPLETED FORM TO REGISTRATION TABLE AT EVENT

NAME _____ D.O.B. _____ Age _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

Name of Parent or Legal Guardian _____

(Required if participant is under 18 years of age)

Signature _____

(Parent or Legal Guardian Signature if participant is under 18 years of age)

I understand that APPROVED BICYCLE SAFETY HELMETS ARE REQUIRED TO BE WORN BY ALL PARTICIPANTS IN THIS EVENT! I RIDE AT MY OWN RISK. PLEASE: In consideration of your accepting this entry, I, the above signed, intend to be legally bound hereby for myself, my heirs, my executors and administrator waive and release any and all rights and claims I may have against the Greencastle-Antrim Old Home Week Association, Officials, Borough of Greencastle, Volunteers and Sponsors for any and all injuries or losses sustained relating to the events or activities pursuant to the Greencastle-Antrim Old Home Week Celebration on or about August 3, thru August 10, 2019