



ANNUAL BIKE RACE

Celebrate National Bike Month and sign up for our Bike Race at Circle Park!
It is FREE to participate!

Turn in the application day of or email to:
eosborne@frankfort-in.gov

May 16th @ 11:00am
Registration starts at 10:30am
Circle Park
1355 W Kyger St
Frankfort, IN 46041

For more information about the race
contact us at (765) 659-3422.

Ages: 2-4 5-6 7-8 9-10 11-12



Circle Park Bicycle Race Registration and Waiver

Participant Name: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

School: _____

(Check) Age Group:

- 2-4
 5-6
 7-8
 9-10
 11-12



ALL PARTICIPANTS MUST HAVE THEIR OWN BIKE AND HELMET TO COMPETE!



I hereby assume all of the risks of participating in any/all activities associated with this event, including by way of example and not limiting, any risks that may arise from negligence or carelessness on the part of the person or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity and have not been advised to not participate by a qualified medical professional. I certify that there are not health-related reasons or problems which preclude my participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the City of Frankfort Parks Department of the Circle Park Bicycle Race in which I may participate and that it will govern my actions and responsibilities. In consideration of my application and permitting me to participate in the Circle Park Bicycle Race, I hereby take actions for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:



I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the Circle Park Bicycle Race, directors, officers, employees, volunteers, representatives, agents, sponsors, and the City of Frankfort Parks Department

II. INDEMNIFY, HOLD HARMLESS AND PROMISE NOT TO SUE the entities or persons mentioned in these paragraphs for any and all liabilities or claims made as a result of participants in this activity, whether caused by negligence or release or otherwise

I acknowledge that the Parks Department, City of Frankfort, and all other volunteers are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf I acknowledge that the Circle Park Bicycle Race may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include but are not limited to, those caused by terrain, facilities, temperature, weather, the conditions of participants, equipment, vehicular traffic, lack of hydration and actions of other people including, but not limited to participants, volunteers, employees, vendors and/or producers of the Circle Park Bicycle Race. These risks are not only inherent to participants but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity. I understand while participating in this activity, I may be photographed or video. I agree to allow my photo, video or film to be used for any legitimate purpose by the City of Frankfort Parks Department, producers, sponsors, organizers and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant Name: _____

Parent/Guardian Name: _____

Phone Number: _____

Date: _____