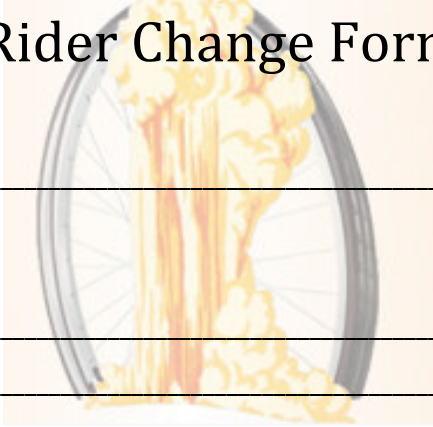


West Yellowstone – Old Faithful Cycle Tour Rider Change Form



Cancelled Rider Name: _____

New Rider Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name & Number: _____

T-Shirt Size: XS SM MD LG XL XXL

West Yellowstone-Old Faithful Cycle Tour Waiver of Responsibility

In consideration of acceptance of entry in the 18th Annual West Yellowstone-Old Faithful Cycle Tour to be held Saturday, September 19, 2015, I acknowledge and agree to be bound by the following:

IDENTIFICATION OF RISKS: I understand that participation of any cycling activity involves risk of serious injury, including permanent disability, death or losses, both to inaction or negligence of others.

ASSUMPTION OF RISK: I agree that I am responsible for my safety while participating in the Activity and that such responsibility includes participation in the activity only: a) when I am both physically and psychologically prepared to participate safely, b) after fully familiarizing myself with the venue before beginning the activity and c) while using the equipment of a type and a condition reasonably necessary to safely participate in the activity. I assume all risk connected with responsibility for any injury or loss connected with my participation in the activity.

WAIVER: Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless the West Yellowstone Chamber of Commerce and any of this organization's affiliates, officers, directors, employees, agents, official event organizers, volunteers, or sponsors ("Released Parties") from any and all claims by me for any liability, injury, loss or damage in any way connected with my participation in the activity, except where caused by gross negligence or willful or wanton misconduct of any of the Released Parties. I intend for my beneficiaries, next of kin, or assigns who might pursue any legal action of claim on my behalf.

APPLICABLE LAW: This waiver and release is formed under and to be interpreted under the laws of the State of Montana.

INSURANCE: I currently have and agree to maintain throughout the time that I train and complete, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing this coverage for me.

I HAVE READ THIS WAIVER AND RELEASE CAREFULLY AND HAVING DONE SO I AM SIGNING VOLUNTARILY

Signature _____ Date _____

Printed Name _____

FOR ATHLETES OF MINOR AGE:

(If athlete is less than 21 years of age and a resident of W. Virginia, Alabama, Mississippi, Nebraska, Pennsylvania or Wyoming, or less than 18 years of age and a resident of any other state, then a parent or guardian must ALSO sign below.) This is to certify that, as a parent/legal guardian of this above named minor, I do hereby acknowledge and consent to his/her agreement to be bound by each of the terms and conditions identified above.

Parent/Guardian signature _____ Date _____