

Annual Pat Stratton Memorial Ride



ENTRY FORM

DATE _____
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMERGENCY CONTACT: _____
E-MAIL _____

Please choose: _____ **Century Ride: \$ 45**
Active Military and _____ **Fifty Mile: \$ 40**
Law Enforcement _____ **25 Mile: \$ 35**
Ride Free! _____ **Kid's Ride Free**

Please mail registration and check (payable to **Pat Stratton Memorial Ride**) to:

Pat Stratton Memorial Ride
33 Depot St.
Saranac Lake, NY 12983

You can also Register & Pay Online at
BikeReg.com or **Active.com**
More details at [Stratton Ride](#)

AGREEMENT AND RELEASE OF LIABILITY

I acknowledge that cycling is an inherently dangerous sport in which I participate at my own risk and that Pat Stratton Memorial Ride is a nonprofit organization formed to benefit the children's programs of the Kiwanis of Saranac Lake and to advance the sport of cycling, the efforts which directly benefit me, hereby on behalf of myself, my heirs, assignees, and personal representatives, I release and forever discharge Pat Stratton Memorial Ride and the Kiwanis and its employees, agents, members, sponsors, promoters, and affiliates from any and all liability, claim, loss, cost or expense, and waive and promise not to sue on any such claims against any such person or organization, arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with sponsorship, organization or execution of any bicycle riding, event, including any associated activities such as, but not limited to, a BBQ event or travel to and from such event(s), in which I may participate as a rider or spectator. I currently have no known physical or mental condition that would impair my capability for full participation as intended and expected of me (except for _____).

Signature of Participant (pen only) Date

Parent or guardian of minor (under age 18): I as parent or guardian of the Applicant, represent to Pat Stratton Memorial Ride that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in any bicycle event sponsored by Pat Stratton Memorial Ride, in consideration of granting of such participation, agree, individually and on behalf of my child or ward, to the terms of the above Agreement and Release of Liability.

Signature of Parent or Guardian
(pen only) Date