Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

("Agreement") for **Top of Michigan Trails Council, Inc.**
(this form is to only be used for individual adults)

IN CONSIDERATION of being permitted to participate in any way in Top of Michigan Trails Council, Inc. sponsored Bicycling Activities ("Activity"), I, for myself, my personal representatives, assigns, heirs and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads, trails and other facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I may incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE Top of Michigan Trails Council, Inc., its administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS. And, I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage or cost which any may occur as the result of such claim.

I AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PARTICIPANT'S NAME (printed): _____

PARTICIPANT'S SIGNATURE (only if age 18 or over): _____

DATE: _____

Lake to Lake Tour

Top of Michigan Trails Council
Registration Form

Please fill this form in completely and return with your non-refundable deposit of $100, along with your signed wavier (on reverse) to: TOMTC, 1687 M 119, Petoskey, MI 49770. Or, the completed waiver and registration form can be scanned and emailed to ***admin@trailscouncil.org***. Your deposit entitles you to a one-year membership in the Trails Council (if you are not already a member).

You may opt to pay the deposit online at *www.trailscouncil.org/donate-top-michigan-trails-counc*il/ (Choose the $100 gift option.)

NOTE: The balance of $325 is due in our office by August 1st. The balance can be paid by credit card on our website (choose the "*other membership donation amount*" option on the donate page). You may also mail a check for the balance to the address above.

Name: _____ Address: _____

City: _____ ST: _____ Zip: _____ Phone: (_____)_____

Email: _____ Cell Phone (on the trail): (_____)_____

Traveling with: _____ (for double occupancy rooms)

Gender (for room assignment): ❒ Male ❒ Female

Emergency contact: _____

Phone (day): _____ Phone (evening): _____

- ❒ Yes, I will attend the reception on Thursday evening in Petoskey.
- ❒ I am planning to stay in Alpena on Thursday evening. I will find my own ride back to Alpena on Sunday. (NOTE: **Holiday Inn Express** is close to the starting point.)
- ❒ I am planning to stay in Alpena on Thursday evening. I will need a ride back to Alpena on Sunday. (NOTE: **Holiday Inn Express** is close to the starting point.)
- ❒ Yes, I have signed and dated the liability waiver on the reverse of this form.
- ❒ I have paid my $100 deposit ❍ online, or ❍ by check, which is enclosed with this form.

The capacity for this event is 25 riders. We will notify you as soon as possible regarding your registration status.

- ❒ If the event fills, please hold my deposit and place my name on a waiting list.