



EWING GREEN TEAM

Promoting People, the Planet, and Prosperity in Ewing



EWING FALL SPIN - BIKE RIDE REGISTRATION FORM – SEPTEMBER 21, 2019

Adults only ages 18+. One person per application

Name (Please print clearly)		Age
Street Address		
City	Email Address	
State	Cell Phone # [at ride]	
Zip Code	Emergency Contact Phone # [name and relationship]	
T-shirt Choices (Circle Only One) *Only a limited number of t-shirts may be available without pre-registration		
Small	Medium	Large
		X-Large
		XX Large
Pre-Registration (must be rec'd by Sept 14th)	\$20 per rider (includes 1 t-shirt)	
After Sept 14th	\$ 25 per ride (t-shirt not guaranteed)	
In person Payments are possible 7 days/week at: Ewing Recreation Department 999 Lower Ferry Road Ewing, NJ 08628 or Phone in registration by Credit Card Call 609-883-1776 Ext. 2 or Mail registration to: Ted Forst, Director Ewing Senior and Community Center 999 Lower Ferry Road Ewing, NJ 08628 Make checks payable to: Ewing Twp Recreation Department		Enclosed (No refunds after Sept 14)
		\$_____
I hereby grant permission to the Ewing Green Team to use photographs and/or video of me taken on September 21st during the event in promotional materials or publications. I consent to and authorize in advance such use and waive my rights of privacy in connection therewith.		
Complete one registration form and waiver per rider. All must be 18 and over and sign waiver.		



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THE TOWNSHIP OF EWING - ASSUMPTION OF RISK, RELEASE AND WAIVER EVENT: GREEN TEAM BIKE RIDE

This Assumption of Risk, Release and Waiver, is given by the below-named Participant, referred to as "I" or Releasor, to the Township of Ewing, referred to as the "Township" or "Releasee," whose address is 2 Jake Garzio Drive, Ewing, New Jersey 08628.

1. Voluntary and Knowing Assumption of Risk. I seek to participate in the Green Team Bike Ride. I understand that such activity may be potentially dangerous and I may be exposed to hazardous conditions and circumstances as a result of my voluntary and knowing participation. I acknowledge that I am aware of the inherent risks involved in this activity. I voluntarily and knowingly accept and assume any and all risk of such activity. In consideration for being permitted to participate in this activity, I hereby agree to assume the full risk of any personal injury, property damage, death, loss or accident which I may sustain as a result of my participation.
2. Release. In connection with the activity identified in paragraph 1 and in consideration for my participation in such activity, I release and waive any and all claims and rights which I may have against the Township. This releases all claims, including those of which I am not aware and those not mentioned in this Release. I specifically release any and all claims relating the activity identified in paragraph 1.
3. Indemnification. I also agree to specifically release and indemnify and agree to hold harmless the Township, their employees, officers, trustees and agents ("Releasees") harmless for any cause of action, claim, suit or demand of any nature whatsoever, including, but not limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have, or may have in the future against the Releasees as a result of personal injury, property damage, death, loss, or accident of any kind, arising out of or in any way related to my participating in the activity identified in paragraph 1.
4. Who is Bound. I am bound by this assumption of the risk, release, waiver and hold harmless agreement. Anyone who succeeds to my rights and responsibilities, such as my heirs or executor of my estate, is also bound. This Release is made for the Township's benefit and all who succeed to its rights and responsibilities.
5. Because physical exercise can be strenuous and subject to risk of serious injury, I acknowledge that I should consider undergoing a physical examination with a doctor before participating in the activity identified in paragraph 1, especially if I am elderly, pregnant, unaccustomed to physical exertion, have physical limitations or a history of high blood pressure, heart problems or other chronic illness.
6. If any portion of this release from liability shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

I, Releasor, understand and agree to the terms of this Release. I realize that by signing this Release, I am giving up certain rights and I am doing so freely, willingly and with the knowledge thereof.

Name of Releasor: _____

Signature of Releasor: _____

Date: _____

Address: _____