SARANAC LAKE TANDEM RALLY - SLTR 2017

Please completely fill out and sign the registration form and waiver then send both to:

SARANAC LAKE TANDEM RALLY 1 Dahinda Rd Saranac Lake, NY 12983-2359

Fri. June 16 th to Sun. June 18 th - \$90 Or for one day:	per Tandem	Number Bikes:	Total: \$	
Sunday June 18 th only - \$40 per Tan	dem	Number Bikes:	Total: \$	
Total Registration (Please make che	ecks payable to "Gear-	·To-Go")	\$	
Participant Info: Capta		Stoker		
Name:		Name:		
Address:		Address: (If Different)		
City:		City:		_
State:Zip Code:		State:	Zip Code:	
Phone:		Phone:		
E-Mail:		E-Mail:		
Emergency Contact:		Emergency Contact:		
Name:		Name:		
Relationship:		Relationship:		
Phone:		Phone:		
MINORS: Names, Ages, Relationship	p:			
MINORS: Names, Ages, Relationshi	p:			-
MINORS: Names, Ages, Relationship	p:			_
Tandem make:	Model:		Year:	-

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SARANAC LAKE TANDEM RALLY, 1 Dahinda Rd, Saranac Lake, NY 12983-2359

Waiver - Release from Liability

I do hereby (for myself, my heirs, and executors) waive all rights and claims for damages which I may have against, and release and indemnify, the Saranac Lake Tandem Rally (SLTR) committee, Gear To Go, Inc., Richard Shapiro, Melinda Ellis, and/or any other personnel associated with the SLTR, of and from any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to attorney's fees and disbursements relating to or arising out of my participation in the Saranac Lake Tandem Rally. I accept the risk of bicycle touring and do hereby agree that I participate in this event at my own risk. I understand that this release and indemnity agreement includes any claims based on the negligence, action, or inaction of any of the above released parties and covers bodily injury and property damage, suffered by me, during, or after the rally. If I should suffer injury or illness, I authorize the officials of the ride to use their discretion to administer first aid and/or have me transported to a medical facility, and I take full responsibility for this action. I attest and verify that I am physically fit and hereby grant full permission to use any photographs of this event for any purposes whatsoever.

I have read and understand the above release and inde	mnity.
Print Name	
Signature	Date
Print Name	
Signature	Date
======================================	
(If participant is under 18 years of age, the parent(s) or qabove, the following waiver:)	guardian(s) must execute in addition to the
The undersigned,	
Parent(s)/guardian(s):	gal guardian(s) of
Minor(s):	rties listed above from all liabilities, claims, limited to attorney's fees and disbursements
Signature	
Relationship to minor(s)	
Signature	
Relationship to minor(s)	