

The National Road Bicycle Club's  
 St. Patrick's Day Ride  
*18 & 30 Mile Rides*  
**March 17, 2024 1:30 P.M.**

**Zink Distributing (formerly Dever) – 925 N Fruitridge Ave, Terre Haute, IN 47803**

	Before March 14 <sup>th</sup>	After March 14 <sup>th</sup>	Amount Enclosed
Registration Fee single rider	\$20.00	\$25.00	_____
Total Enclosed			_____

Return registration form and signed release by March 14, 2024.

*Make Checks Payable to:*  
 The National Road Bicycle Club  
 P.O. Box 3940  
 Terre Haute, IN 47803

***Online Registration:*** [www.bikereg.com/nrbc-st-patricks-day-ride:](http://www.bikereg.com/nrbc-st-patricks-day-ride)  
***Route Information:*** [St Patrick's Day Ride 2024 \(ridewithgps.com\)](http://St Patrick's Day Ride 2024 (ridewithgps.com))

Check-In and onsite registration will open at 12:30 PM. There will be a SAG stop complete with drinks and snacks for both routes. Food and beverages served after the ride. This is the club's annual fundraising ride. We continued to support organizations such as the B & O Trail Association, People Pathways, Indiana Bicycling Coalition, N.R.H.T., The Seelyville Fire Department, Bikes for Tykes, the Parke Trail Alliance, and the Terre Haute Parks and Recreation Department. We could not do this without the financial and physical support of our members.

I, the undersigned know that bicycle riding is a potentially hazardous event and I participate in it of my own free will and choice. I fully accept and assume all risks, whether before, during or after the events. These include, without limitation, risks of physical injury, metal injury, emotional distress, trauma, death, contact with other participants, equipment failure, inadequate safety equipment, the effects of weather including extreme temperature or conditions, traffic, contact with motor vehicles of all types and descriptions, collision with other riders or fixed objects, the conditions of the road, and participating in events along the route. All risks are known and appreciated by me. I waive any and all specific notice of the existence of the risks. I shall assume and pay all medical and emergency expenses in the event of injury, illness, or other incapacity regardless of whether I authorized such expenses.

I realize bicycling requires physical conditioning and I represent that I am in sound medical condition capable of participating in the rides without risk to myself or others. I have no medical impediment, which would endanger myself or others. I understand and agree that a situation may arise during events, which may be beyond the control of the sponsors, promoters or organizers. I will be solely responsible for the condition and adequacy of my bicycle, safety gear and riding equipment. I will ride safely within the limits of my own abilities, my equipment and the riding conditions and in a manner so as not to endanger either myself or others. Knowing these facts and in consideration of my participation in the event, I release, waive, discharge, covenant not to sue and agree to hold the National Road Bicycle Club sponsors and participating clubs, communities and organizations; emergency and support personnel, volunteers and their representative's and the officers, harmless from an and all claims, demands and actions of any and every kind I have, or may hereafter accrue against the released parties directly or indirectly arising out of or relating in any respect to my attending or participating in this event. This waiver a release of all claims, demands, actions and liability shall include, without limitation, any injury, damage or loss to my person or property which may be caused by any act, or failure to act, by the above identified persons and entities or sustained by me before, during or after this event.

I have read this agreement waive and release and agree to and accept its terms.

\_\_\_\_\_  
 Signature of Rider

\_\_\_\_\_  
 Date

**Application (One Rider per Application – Copies accepted)**  
**Helmets Required-Riders under 18 years of age must be accompanied by an adult.**

\_\_\_\_\_  
 Last Name

\_\_\_\_\_  
 First Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Age

***Route Maps & Cue Sheets Provided at Check-In***

*Starting Location: 925 N Fruitridge Ave, Terre Haute, IN 47803*



**BICYCLE CLUB**