



EvergreenHealth 7 Hills of Kirkland

Cycling to End Homelessness

MONDAY, MAY 29, 2017

KIRKLAND'S MARINA PARK • BEGIN RIDING 6:00-9:00AM

Number	
Date	

PLEASE PRINT LEGIBLY

NAME (LAST, FIRST, MI) _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYER (helps with obtaining matching funds) _____

ROUTE (select one): 7 HILLS METRIC CENTURY

PHONE _____ EMAIL _____

RIDE REGISTRATION

	7 HILLS	METRIC CENTURY	CENTURY	AMOUNT	
Postmarked by 04-12-17	\$30	\$35	\$40	\$	
Postmarked by 05-25-17	\$40	\$45	\$50	\$	
Day of Event	\$70	\$75	\$80	\$	
Jersey (indicate size) MEN <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> X <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL				\$70 ea	\$
WOMEN <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL					
Donation to help Attain Housing end homelessness <i>Your donation means twice as much to Attain Housing because the Rotary Club of Kirkland Downtown and Kirkland Kiwanis match donations!</i>				\$	
			Payment Enclosed	\$	

EvergreenHealth 7 Hills Release Agreement - All Participants Must Read/Sign

In consideration of my registration to bicycle and participate in the Attain Housing EvergreenHealth 7 Hills of Kirkland cycling event (hereinafter "Event"), I hereby agree and acknowledge the following, which includes A Release Of Liability:

1. I am aware that with any bicycle related activity there are certain inherent dangers, including but not limited to the hazards of roads, off road terrain, accidents, actions of participants and other persons. By my participation in the Event, I certify that I am aware of these inherent dangers of bicycle riding and the safety rules of the road applicable to bicycles.
2. I understand that bicycle helmets (CPSC, ANSI, ASTM or SNELL certified) are required to participate in the Event and I agree to wear a helmet while participating in the Event and to follow the rules of the road and all applicable laws and safe bicycling practices.
3. I hereby consent to emergency medical treatment if I am injured while participating in the Event.
4. I understand that it is not the function of Attain Housing or any of the organizers or anyone associated with the Event to serve as guardians of my safety. I recognize that the route(s) chosen may be challenging, not necessarily the safest or easiest route(s) and that weather, road or traffic conditions may make a ride more difficult. Attain Housing and EvergreenHealth 7 Hills of Kirkland reserves the right to remove any rider who is deemed to be endangering himself/herself or others or is riding illegally as defined by Washington State traffic law. Notwithstanding this clause, Attain Housing and EvergreenHealth 7 Hills of Kirkland is not responsible for cyclists not removed from the Event for any of these reasons and this clause shall in no way supersede, exempt participants from, or otherwise nullify any other clause in this Waiver and Release.
5. I give permission to Attain Housing and EvergreenHealth 7 Hills of Kirkland to use my image without payment in any Attain Housing or EvergreenHealth 7 Hills of Kirkland materials should it appear in photos taken during the Event.

6. I freely and voluntarily accept all risks of injury, death, or property damage. I understand and agree that none of the parties described below may be held liable in any way for any occurrence or accident in connection with the Event. I hereby RELEASE from any and all liability and agree to INDEMNIFY AND HOLD HARMLESS Attain Housing and EvergreenHealth 7 Hills of Kirkland, their officers, agents, employees, successors and assigns, the sponsors, or other volunteers, against all claims, including, but not limited to, claims of negligence, unintentional acts, and acts of omission, and any loss or expense, which may arise from my participation in the Event. I understand I am responsible for my own conduct and decisions while participating in the EvergreenHealth 7 Hills of Kirkland and further agree that this Waiver and Release shall apply to any claim arising out of my participation in non-bicycling activities while a participant in the Event.

7. This Waiver and Release is intended to be binding upon me, my family, my heirs, my estate, my legal representatives and assigns. Any legal action that may arise from my participation in this ride or event will be brought in King County Superior Court in Washington State. I understand that the terms of this document are contractual and not a mere recital, and I have signed this document as my own free act.

I AGREE I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER AND RELEASE BY READING IT AND AGREE TO ITS TERMS.

*****ADDENDUM TO WAIVER AND RELEASE FOR MINOR PARTICIPANTS**

Parent or legal guardian must sign for, accompany, and be responsible for all persons under the age of 18; minors ages 16-17 may be unaccompanied with this signed consent form.

I authorize emergency medical treatment for the minor registering and I accept full responsibility for all medical expenses incurred as a result of the minor's participation in the Event. I hereby RELEASE from any liability, and agree to HOLD HARMLESS and INDEMNIFY Attain Housing and EvergreenHealth 7 Hills of Kirkland, their officers, agents, employees, successors and assigns, the sponsors, or other volunteers from any claims brought by me, another parent, grandparent, relative, or legal guardian for liability, including injury, loss or damage caused by the negligence, unintentional acts, and acts of omission of any party, and any loss or expense, which may arise from the minor's participation in the Event. I hereby further agree to INDEMNIFY Attain Housing and EvergreenHealth 7 Hills of Kirkland, their officers, agents, employees, successors and assigns, the sponsors, and other volunteers from any future claim of liability by the minor named below.

I further state that I am of lawful age, a parent or legal guardian of the minor authorized to sign this waiver and release and this Addendum and legally competent to sign this waiver and release and Addendum. I understand that the terms of this document are contractual and not a mere recital, and I have signed this document as my own free act.

I AGREE I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER and RELEASE AND ADDENDUM BY READING IT AND AGREE TO ITS TERMS.

Signature of Participant (Regardless of Age)

Date

Signature of Parent/Guardian if Participant Under 18

Date

Mail Registration Form and Payment to:
Attain Housing, 125 State Street South, Kirkland, WA 98033

