



June 24, 2017 - 7:30 a.m.

For office use:

INSTRUCTIONS: Please print. **NOTE:** We will NOT share any personal information.

First Name: _____ Last Name: _____ Age at Ride: _____

Mailing Address: _____

Email Address: _____ (this will be used to confirm your registration)

Cell Phone: _____ If needed, may we text you at this number? Yes No

NOTE: Any texts will be updates related to the ride. Normal carrier text charges may apply.

Emergency Contact Name: _____ Phone: _____

Choose Your Route (approx miles): 15-mile 30-mile 60-mile 100-mile

OPTIONAL OFFICIAL 2017 TOUR DE CORN RIDE T-SHIRT(s): (design to be revealed Feb. 2017)

Please mark the quantity of shirts you would like in each size. You will pick these up with your registration in June.

Youth Small (\$16)	_____	Youth Medium (\$16)	_____	Youth Large (\$16)	_____
Adult Small (\$17)	_____	Adult Medium (\$17)	_____	Adult Large (\$17)	_____
Adult XL (\$17)	_____	Adult XXL (\$18)	_____	Adult XXXL (\$19)	_____

YOUTH REGISTRATIONS

If you are registering minors, by listing the names here you are confirming you are the parent or legal guardian of each. All minors must ride the same route as their registered parent/guardian or supervising adult (see waiver form).

Name	Age on 6/24/17	Route	T-shirt? If so, list size.

PAYMENT - (Please make all checks payable to "Tour de Corn")

REGULAR RATE (BEFORE JUNE 1)

Adults: \$20
Youth (17 y/o & younger): \$10

JUNE RATE (JUN 1-JUN 24)

Adults: \$25
Youth: \$13

***Please note:**
Child Ridealongs are free (but children must be in a buggy/trailer/bike seat & must be listed on waivers)

	Quantity	Costs
Ride Registrations		
T-Shirts		

MAIL TO: Tour de Corn, P.O. Box 99, East Prairie, MO 63845

TOTAL DUE

Questions? Call 888-CORN-030 (888-267-6030) or email registration@tourdecorn.com



2017 Registration Form

Release & Waiver

I, the undersigned, know and understand that TOUR DE CORN and its related events involve potentially hazardous or dangerous activities and conditions. I attend and/or participate in TOUR DE CORN and all related events out of my own free will and choice. I FULLY ACCEPT AND ASSUME ALL RISKS, whether before, during or after TOUR DE CORN and its related events, whether or not an event is listed herein. These include, without limitation, BUT ARE NOT LIMITED TO THE FOLLOWING: physical/mental injury, distress, trauma, sickness, acts by spectators, participants or third persons, equipment failure or defective equipment, inadequate safety equipment, the effects of weather including extreme temperature or conditions, traffic, contact with motor vehicles, collision with other persons or fixed objects, the conditions of the road and facilities, including campgrounds, all risks along the route, risks of crime, violence, terrorism or acts of terror, the possibility that TOUR DE CORN and any related events may be postponed, ended early, or cancelled altogether, and the negligence of others, including, without limitation, those persons organizing, sponsoring, volunteering or participating in TOUR DE CORN and/or events occurring in connection with it. I am aware bicycling is potentially hazardous and that this risk cannot be eliminated by TOUR DE CORN organizers, sponsors, volunteers or anyone else who hosts or assists in the TOUR DE CORN events. I know and accept that biking, road and other accidents may result from the failure for any reason (including negligence) of TOUR DE CORN organizers, sponsors, volunteers and the government and private entities that plan, host or assist in the TOUR DE CORN events to assess or correctly determine the conditions and safety of the road, surface, route or weather or to predict where or when an accident might occur. All risks are known, appreciated and assumed by me, and I waive any and all specific notice of the existence of them and further waive the obligation, if any, that any other person or entity has to advise or warn me of them. I assume liability for and agree to pay my own medical and emergency expenses in the event of injury, illness, or other incapacity regardless of whether I authorized such expenses. I authorize the use and release of personal and medical information in connection with any medical services provided to me. I represent that I am in sound medical condition capable of participating in the TOUR DE CORN events without risk to myself or others. I represent that I have the degree of skill and knowledge necessary for me to engage in these activities safely. I will be solely responsible for the condition and adequacy of my bicycle, safety gear and equipment. I will ride safely within the limits of my own abilities, my equipment and the riding conditions and in a manner that does not endanger others or me. I understand and acknowledge that this waiver includes children or pets in my party being pulled or riding in a bike seat. Knowing these facts I for myself, spouse, children, heirs, next of kin, executors, assigns and anyone acting on my behalf, RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD TOUR DE CORN sponsors and participating clubs, communities and organizations; TOUR DE CORN officials, emergency and support personnel, volunteers and their representatives; and the officers, directors, employees, representatives, agents, assigns, and successors of all of the above, HARMLESS FROM ANY AND ALL LOSSES, DAMAGES, INJURIES, COSTS, EXPENSES, LIABILITIES, CLAIMS, DEMANDS AND ACTIONS OF ANY AND EVERY KIND, INCLUDING CLAIMS OF NEGLIGENCE, I have, may 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 TOUR DE CORN and/or any related events. I acknowledge that I am signing this Agreement freely and voluntarily, and INTEND BY MY SIGNATURE FOR THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I will abide by all TOUR DE CORN rules and regulations. I understand that my name, address, photograph, voice and/or likeness may be used in news, promotional or advertising content in all media forms created or distributed in connection with TOUR DE CORN. I consent to such uses and waive any rights of privacy or publicity I may have in connection with those uses. I also waive any privacy rights that may result from disclosure of information about me, including without limitation, in connection with provision of any medical services by TOUR DE CORN sponsors and organizations. If I am a minor, my parent or guardian also is signing on my behalf. We both agree to be bound by the terms of this Agreement, waiver and release. All matters arising out of this Agreement and my participation in TOUR DE CORN and any related events shall be governed by the laws of the State of Missouri, and shall be within the exclusive jurisdiction of the state and/or federal courts located within Mississippi County in the State of Missouri, and the parties hereby consent to such exclusive jurisdiction and waive objections to venue therein. If any term of this Agreement is determined by a court of competent jurisdiction to be invalid, illegal or incapable of being enforced, then all other terms of this Agreement will nevertheless remain in full force and effect, and such term automatically will be amended so that it is valid, legal and enforceable to the maximum extent permitted by applicable law, but as close to the parties' original intent as is permissible. I (the previously-named entrant on the Entry Form) HAVE READ THIS AGREEMENT, WAIVER AND RELEASE OF LIABILITY, UNDERSTAND IT AND VOLUNTARILY AGREE TO ACCEPT ITS TERMS. I UNDERSTAND I AM GIVING UP SUBSTANTIAL RIGHTS.

ADULTS (18 and over on June 24, 2017):

Signature of Participant: _____ Date _____

Type/Print: _____

YOUTH (17 and under on June 24, 2017) - CONSENT AND RELEASE OF PARENT OR GUARDIAN

Required if participant is less than 18 years of age on date of signing this release, even if he/she will be 18 on the date of the ride. Participants under 18 must have an adult accompanying them on the ride.

Youth's Name	Age on 6/24/17	Name of supervising adult during Tour de Corn 2017 (please print)	Relationship of supervising adult (please print)

Signature of Parent or Guardian: _____ Print Name: _____ Date: _____