



For Office Use Only

IMPORTANT!
CONFIRMATION MATERIALS WILL
BE SENT VIA EMAIL.
PLEASE MAKE SURE YOUR EMAIL
IS CORRECT.

REGISTRATION (One Rider per Registration, copies accepted) PLEASE PRINT

Last Name				First Name		Day Phone		Mobile	
Address					Date of Birth		Sex: M / F		
City			State		Zip		# of NITE Rides		
Email Address							CIBA Member: Y / N		
*Accompanying Adult Rider (for Riders under 18 yrs. of age): _____									
Send registration for accompanying adult rider in same envelope									

Special 25th Anniversary (Postmarked by 2/28/18) \$25.00 \$ _____

Early Registration (Postmarked by 5/1/18) \$30.00 \$ _____

Registration (Postmarked by 6/9/18) \$35.00 \$ _____

\$1 of your registration is a tax deductible contribution to the CIBA Foundation (www.cibafoundation.org).

FREE T-Shirt for all PRE-REGISTERED Riders if by 6/21/18.
Circle T-Shirt Size: S M L XL XXL XXXL

ORDER Additional T-Shirts NOW! Only a limited supply on hand the day of event!
 Extra T-Shirts: S__ M__ L__ XL__ XXL__ XXXL__ ___ x \$15 \$ _____
 Sweatshirts: S__ M__ L__ XL__ XXL__ XXXL__ ___ x \$25 \$ _____

TOTAL ENCLOSED:

Make checks payable to N.I.T.E. Ride or register at www.niteride.org
 Mail completed registration to: **NITE Ride**
7233 Fields Drive
Indianapolis, IN 46239

BEFORE YOU MAIL - PLEASE CHECK
 Release is signed Math is correct Check Enclosed
 Size (s) for clothing Parent / Guardian consent for riders under 18
 I can already ride 20 miles within 2 hours and will use a helmet and lights.

CONSENT AND LIABILITY RELEASE READ CAREFULLY REGISTRATION NOT COMPLETE WITHOUT SIGNATURE(S) BELOW

In consideration of Central Indiana Bicycling Association, Inc. ("CIBA") permitting me or my minor child to participate in CIBA events or activities, I, the undersigned, for myself and my heirs, next of kin, assigns, and personal representatives, do hereby agree to the following:

1. I understand that bicycling requires physical conditioning and I represent that I am in sound medical condition capable of participating in CIBA events, rides, and activities without risk to myself or others. I have no known medical impediment which would endanger myself or others. I agree that 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.
2. I understand that my name, address, photograph, voice and/or likeness may be used in promotional or advertising materials. I consent to such uses and waive any rights of privacy or publicity I may have in connection with those uses.
3. I understand that bicycle riding is a potentially hazardous activity which involves risks, inherent and otherwise, known or unknown, that cannot be eliminated which may cause injury, illness, paralysis or death to myself, other persons, and/or damage to property. I further understand that negligence of CIBA, including its officers, members, volunteers, and sponsors, or other risks associated with CIBA events or activities may cause injury, illness, paralysis or death to myself, other persons, and/or damage to property. Some of the risks associated with CIBA events, rides, and activities include, but are not limited to equipment failure, collisions with other riders, terrain objects, or vehicles, and known or unknown medical conditions. I assume full and sole responsibility for all risks, both known and unknown, inherent or otherwise, related to the CIBA events, rides and activities. Further, I am voluntarily participating in this activity with knowledge of the risks and fully accept and assume all risks related to or arising from CIBA events, rides, and activities.
4. Acknowledging that such risk exists, I PERSONALLY AND ON BEHALF OF MY MINOR CHILD, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE CIBA, ITS OFFICERS, OFFICIALS, MEMBERS, VOLUNTEERS, AND SPONSORS, and the officers, directors, employees, representatives, agents, insurers, and successors of all the above (hereinafter individually and collectively referred to as the "Releasees") from any and all claims, damages, losses, actions, suits, proceedings, breach of contract actions, wrongful death actions, expenses, attorney fees, and liability that I, anyone on my behalf, my heirs, next of kin or minor child might have for or relating to any injury, including death, to my person or that of my minor child or property suffered or claimed to have been suffered by me which arises out of or is related in any manner, either directly or indirectly, to my or my minor child's participation in any CIBA event, ride or activity or my assistance at any CIBA event, ride or activity, including, but not limited to, any claim that the act or omission complained of was caused in whole or in part by the negligence in any form of the Releasees.
5. I further agree to INDEMNIFY, HOLD HARMLESS, AND DEFEND in any action or proceeding Releasees against all claims, lawsuits, losses, damages, actions, suits, proceedings, claims, and expenses, including attorney's fees and costs arising from or relating in any respect to my or my minor child's participation in any CIBA event, ride or activity or my assistance at any CIBA event, ride or activity or my breach of this agreement regardless of whether the act or omission complained of was caused in whole or in part by the negligence in any form of the Releasees. CIBA Volunteers have no duty to indemnify, defend or hold harmless the Releasees.
6. This document is governed by the laws of the State of Indiana. If one or more portions of this document are found unenforceable, the remainder of the document will remain enforceable. If I am a minor, my parent or guardian is also signing individually and on my behalf and we both agree to be bound by the terms of this agreement.

I have read and fully understand this Waiver and Release of Liability and Indemnity Agreement and agree to be bound by its terms. I understand that by signing this document I may be waiving certain legal rights, including the right to sue CIBA or any of the Releasees. I have read this document and sign this document freely and willingly.

Participant Signature: _____ Date: _____ Age: _____

Print Participant Name: _____ Parent/Legal Guardian: _____

Signature if Minor: _____

EMERGENCY CONTACT: _____ PHONE: _____

UNSIGNED REGISTRATIONS WILL NOT BE ACCEPTED

SORRY, NO REFUNDS !!