

Bike Challenge Registration

Racer's Name _____ Parent/Guardian Name _____

Mailing Address _____

E-mail Address _____

Phone # _____ Birthdate _____ Male Female

Age Division 5 & Under 6 7 8 9 10 11

Age determined as of April 1st

I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from the activity. In case of injury or damages, I do hereby release and hold harmless the City of Maple Valley, Bike Masters, the Bike Challenge elected and appointed officials and employees, the organizers, any event sponsor, supervisor or any volunteer connected with the program from any and all claims, injuries, damages, and losses in the program. In absence of signature, participation in the program shall constitute acceptance of the conditions set forth. Further, I grant full permission to the City of Maple Valley Parks & Recreation to use any photographs, videotapes, motion pictures, recordings or any other record of this program for any City of Maple Valley informational or promotional use.

Parent/Guardian Signature _____ Date _____