



29th Annual
WILDERNESS ROAD RIDE
 Saturday, September 12, 2020



FIRST NAME	LAST NAME		AGE
ADDRESS	CITY	STATE	ZIP CODE
EMAIL		PHONE NUMBER	
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE		SEX (circle) M F

Entry Fees

___ Youth (up to 17) \$35 thru 8/17, \$40 thereafter
 ___ Adults (age 18+) \$45 thru 8/17, \$50 thereafter
 ___ Family of 3-5 \$105 thru 8/17, \$120 thereafter

Make checks payable to FCAE. Mail completed form to:

FCAE-SWVA c/o M. Long
 P.O. Box 21035
 Roanoke, VA 24018
Please Support our sponsors!!

Route ___ 29 Mile ___ 38 Mile ___ 58 Mile ___ 80 Mile ___ 100 Mile

Preregistered riders receive a multifunction Buff headwear

Rules:

- * Riders under 16 must be accompanied by an adult.
- * Riders under 8 must have permission from the Event Director.
- * ANSI or Snell Certified helmets are required.
- * To complete your registration, you will be required to fill out the release agreement below. This registration form represents your agreement to read and familiarize yourself with all registration materials and to follow all procedures and rules.

Please arrive early for Event Day registration - 7:00am. Closes at 8:30am

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the **WILDERNESS ROAD RIDE**, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. This includes my minor children that may be involved in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releaseses" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue **THE FELLOWSHIP OF CHRISTIAN ATHLETES (FCA)**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releaseses" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ Sept 12, 2020 _____ Sept 12, 2020
 Printed name of participant Signature of participant Date Signature of parent/guardian Date



SPORTS MEDICINE & REHAB SERVICES



GENTRY LOCKE
 Attorneys