



# HALE ON WHEELS CYCLING EVENT XII SEPTEMBER 19, 2020

**REGISTRATION FEES FOR ALL FIVE COURSES: \$35.00**

**Event Routes: 24, 32, 48, 64, & 100 Miles**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ ROUTE: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ ROUTE: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Shirt Sizes & # of Shirts: Adult Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL \_\_\_\_\_

Youth Small \_\_\_\_\_ Medium \_\_\_\_\_ Youth Large \_\_\_\_\_

How did you hear about our event?: \_\_\_\_\_

**Must Be Signed By Each Rider And Enclosed With Registration**

By submitting this form, I assume full and complete responsibility for any injury or accident which may occur to me during Hale on Wheels Cycling Event (HOWCE) or while I am on the premises of HOWCD, and I hereby release and hold harmless the presenters and all other persons and entities associated with HOWCE from liability for injuries and damage sustained by me whether same be caused by negligence of the presenters and all other persons and entities associated with HOWCE, or otherwise. I further acknowledge that the event will close at 2:00 pm and after that time there will be no support on the course. Further, I grant permission to use any photographs, videotapes, or any other records of HOWCE involving me for any legitimate purpose.

All registrants acknowledges that Plainview Fitness Events (PFE), Hale on Wheels Cycling Club (HOWCC), or Plainview Christian Academy (PCA) and its agents has no responsibility for the operation of the HOWCE and is only acting as an agent to register applicants who wish to participate in the HOWCE. Accordingly, the registrant agrees to hold PFE, HOWCC, and PCA and its agents harmless from any liability or injury resulting from the HOWCE. Furthermore, the registrant agrees that it shall have no claim against PFE, HOWCC, and PCA or its agents for any injury that may occur during the HOWCE. The individual event operators and sponsors have provided information included in this site and PFE, HOWCC, and PCA does not verify the accuracy or completeness thereof. All confirmed orders are final once payment is submitted.

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. PFE, HOWCC, and PCA has put in place preventative measures to reduce the spread of COVID-19; however, PFE, HOWCC, and PCA cannot guarantee that you will not become infected with COVID-19. Further, participating in HOWCE possibly increases your risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk and I may be exposed to or infected by COVID-19 by participating in HOWCE that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at HOWCE may result from the actions, omissions, or negligence of myself and others, including, but not limited to, PFE, HOWCC, and PCA members, volunteers, and event participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at HOWCE. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless PFE, HOWCC, and PCA, its employees, agents, and representatives, of and from the any claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of PFE, HOWCC, and PCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the Event.

By signing the form, I acknowledge I have completely read and understood the above statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Print, complete and mail, with fees, to:  
Hale on Wheels Cycling Event, 2317 W. 5th Street #170, Plainview, TX 79072**