**CYCLE FOR VINCENT HOUSE COMFORT CARE HOME** ![C:\Users\owner\AppData\Local\Microsoft\Windows\INetCache\IE\Z18P1V2P\dove[1].jpg]()![C:\Users\owner\AppData\Local\Microsoft\Windows\INetCache\IE\NU2V629U\cyclist-394274_640[1].jpg]()OCTOBER 9, 2021

Join us and cycle for a good cause with a 30 mile route along scenic Canadice Lake-enjoy beautiful views as you cycle for a cause! Route options available for both road and trail riding.

This 2nd Annual cycling event is dedicated to the memory of Connie Curry

 Fees: $45 early registration by September 22, 2020

 $50 registration September 22 through day of the event \* T shirt included

Starting Location: Victory Park- Wayland, NY

 SCHEDULE

Registration: 9:00 a.m.-10:00 a.m.

30 mile route departs at 10:00 a.m.

Post ride box lunch: 12:00 p.m. -2:30p.m.

Questions? Call: Christy Mattice (585)728-2427 or Email: VHvolunteer@frontier.com

\*Mail Registration and signed Waiver Form with check made out to: **The Vincent House**

 **310 Second Ave. P.O. Box 566**

 **Wayland, NY 14572**

[**www.vincenthouseny.org**](http://www.vincenthouseny.org)

Registrant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt size: (options: small-XXL)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WAIVER & RELEASE FORM**

The undersigned wishes to participate in the Cycle for Vincent House Comfort Care Home (VH-CCH) fully understanding the inherent risks involved in road cycling and knowingly accepting those risks. For myself, my heirs and legal representatives, I hereby release, indemnify and agree to hold harmless The VH-CCH and the event organizers, and any officers, directors, representatives, employees, agents, volunteers, participants, sponsors, host business of and from any and all losses, costs, damage, claims, demands, rights and causes of action of whatever kind or nature, including reasonable attorney fees, and including any and all negligence claims or causes of action, which may arise and which result from illness, personal injuries, property damage, death or any other damages not included herein, occurring during, or as a result of, my participation in Cycle For Vincent House Comfort Care Home, whether due to my own negligence, the negligence of others or by Act of God. In further consideration of my being granted the right to participate in the Cycle For Vincent House Comfort Care Home, I do hereby consent and authorize VH-CCH, its officers, directors, representatives, employees, agents, volunteers, participants and sponsors, to obtain emergency medical treatment for me in case of any illness or injury resulting from or occurring during my participation in the Cycle For Vincent House Comfort Care Home. I understand and accept that any medical costs incurred with respect to emergency medical treatment will be my responsibility. I agree that I will, at all times during my participation in the Cycle For Vincent House Comfort Care Home, adhere to all safety rules and obey applicable roadway and/or street signs, and regulations of the Cycle For Vincent House Comfort Care Home which includes wearing a helmet at all times while riding my bicycle. I am of legal age and fully competent, have read this Waiver and Release and fully understand it and, if not of legal age, that my parent or legal guardian has fully read the above Waiver and Release and understands it and that I am fully bound by their signature. I understand an ANSI or SNELL approved helmet is required to be worn while riding. I understand that my name, address, photograph, video appearance, voice and/or likeness may be used in promotional or advertising or documentary materials of or by The Vincent House Comfort Care Home or their licensees. I consent to such uses and waive any rights of privacy or publicity I may have in connection with those uses.

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