



**COMMUTE
OF THE CENTURY
BIKE TO WORK WEEK
MAY 12-16**

REGISTRATION FORM

Name First Last

Email Address

Confirm Email Address

Group Ride Routes

Select all routes you plan to join during Bike to Work Week. Please indicate if you intend to ride only the short route. [Click Here to Preview Routes](#)

Northeast	Monday, May 12	11:30	Short
Northwest	Tuesday, May 13	11:00	Short
South	Tuesday, May 13	12:30	Short
North	Wednesday, May 14	11:30	
Southeast	Thursday, May 15	11:30	
Southwest	Friday, May 16	11:30	

Personal Ride Routes

Select all routes you plan to complete on your schedule prior to July 31st.

- Northeast
- Northwest
- South
- North
- Southeast
- Southwest

Email Your Registration

To complete your registration, email your completed form to commuteofthecentury@spokanecity.org.

T-shirt size

- S
- M
- L
- XL
- XXL

Liability Waiver

Be sure to print and sign the Liability Waiver (located on Page 2). Turn in at the Bike to Work Week pancake breakfast or prior to the group ride.

Would you like email notifications regarding Bike to Work Week events?

**CITY OF SPOKANE
WAIVER AND RELEASE OF LIABILITY**

I, _____, have requested that I be allowed to participate in the instructional and educational tour of the newly designed downtown bike loop/facilities located in the City of Spokane. In consideration of the experience and benefits I will gain from this instructional/educational activity provided by the City of Spokane, I, for myself, my child(ren), my successor, martial community, heirs, assigns, executors and administrators:

ACKNOWLEDGE that participating in this instructional/educational activity is inherently dangerous, and agree that before participating, I will wear a helmet and appropriate foot gear;¹ I will inspect all equipment to ensure a properly functioning bicycle, and if I believe any of it is unsafe, I will immediately advise the person in charge. I fully understand that participating in this instructional/educational activity require that I be familiar with the "rules of the road" and how to properly and safely operate a bicycle; that participation in this instructional/educational activity is a test of my physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, road conditions, facilities, temperature, weather, vehicular traffic, the actions or inaction of the City of Spokane, its agents, officers, employees and others;

ASSUME any and all risks of personal injuries to me including medical bills, permanent or partial disability, death and damage to my property arising from my participation in this instructional/educational activity.

PROMISE not to sue or present a claim for personal injury, property damage or wrongful death against the City of Spokane, its officers, employees and agents attributable to my participation in this instructional/educational activity.

RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS AND RELINQUISH the City of Spokane, its officers, employees and agents from any liability, loss, damage, claim, demand or cause of action against them arising from my participation in this instructional/educational activity.

THIS DOCUMENT RELIEVES THE CITY OF SPOKANE FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH AND PROPERTY DAMAGE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name:
(Print)

Date:

Signature: