

Waiver Form for the TED HAYES MEMORIAL FUNDRAISER

Official Rules and information "please read and keep these rules for your reference."

- Event will be held 9AM-3PM rain or shine at WHT Slickville mile marker 4-3/4
- Registration begins at 9AM. Ride/run/walk begins at 10AM (3028 Route 819, Slickville 15684)
- The rules of the Westmoreland Heritage Trail apply to all participants and spectators. All participants must be cognizant and courteous to the public enjoying the trail on event day as the WHT will not be closed to the general public.
- All participants MUST wear a bike helmet.
- The event will encompass the trail from Slickville to Saltsburg. The event covers approximately 5-10 miles.
- All event goers must sign an event waiver.
- All event members must wear designated identification during the entire event. (wristband provided on event day)
- All participants and spectators must obey all traffic laws and practice safety. Volunteers will be positioned on trail for direction and assistance.

-----cut here and mail in with registration form-----

I, the undersigned participant, acknowledge, agree, and understand that: I voluntarily and of my own free will, elect to participate (or attend) the Ted Hayes Memorial Fundraiser and understand there are certain risks and hazards associated with weather conditions. I AM OF FULL KNOWLEDGE AND SOUND MIND MAKING THE DECISION TO PARTICIPATE (OR ATTEND) IN THIS EVENT. If a participant has a food allergy or medical condition please list it here _____. I understand I am responsible for my valuables during the event. I hereby fully and forever release and do hereby agree to forever release and discharge the Westmoreland Heritage Trail and the family of Ted Hayes and as well as any agents, employees and/or volunteers of the above named from any and all liability whatsoever for any and all damages, losses, injuries, illness (including death) I may sustain to my person, relatives, friends or property, including but not limited to any claims, demands, actions, causes of action, judgements, expenses or costs, including legal fees, which arise out of result from, occur during or are connecting in any matter to the mentioned event, and the sponsoring organizations and persons.

Printname _____ Signature _____

If Minor Name _____ Legal Guardian Signature _____

This completed waiver form and registration form should be mailed by 8/3/2022

Make checks payable to "Ted Hayes Memorial Fund"

Mail forms and payment to Heather Shearer, 513 Cribbs Street, Greensburg, PA 15601

Official use only ck___ cash___ Rcvd by _____ Date: _____
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