Rider Release Form - Cranksgiving 2018 Ride	Rider Release Form - Cranksgiving 2018 Ride
SĮ. Louis	SI. Louis
DWUINU	Print First Name BWORKS
Print Last Name	Print Last Name
Team NameTeam Numbers	Team NameTeam Numbers
Address	Address
City & State Zip	City & State Zip
Email Age	Email Age
I, the undersigned, know that today's ride will be on public roads and that I could be injured or killed. I understand that bicycling can be physically demanding and that I am in good health. The bicycle I will be riding is in safe working order and I agree to ride in on today's prescribed routes in a safe and legal manner. I agree to release and hold harmless St. Louis Bicycle Works, Food Outreach, Schlaffy and all officers and workers, from liability for any personal injury to me or a minor I am signing for, and any damage or theft of personal property resulting from my participation in this ride.	I, the undersigned, know that today's ride will be on public roads and that I could be injured or killed. I understand that bicycling can be physically demanding and that I am in good health. The bicycle I will be riding is in safe working order and I agree to ride in on today's prescribed routes in a safe and legal manner. I agree to release and hold harmless St. Louis Bicycle Works, Food Outreach, Schlaffy and all officers and workers, from liability for any personal injury to me or a minor I am signing for, and any damage or theft of personal property resulting from my participation in this ride.
I agree that any photos submitted for this event may be used by St.Louis Bicycle Works or others for any and all reasons.	I agree that any photos submitted for this event may be used by St.Louis Bicycle Works or others for any and all reasons.
Signature November 11, 2018 (Signature of parent or guardian in rider is minor)	Signature November 11, 2018 (Signature of parent or guardian in rider is minor)
Rider Release Form - Cranksgiving 2018 Ride	Rider Release Form - Cranksgiving 2018 Ride
	Rider Release Form - Cranksgiving 2018 Ride Print First Name
SI. LOUIS	SI. Louis
Print First Name B BWORKS	Print First Name BWORKS
Print First Name	Print First Name BWORKS
Print First Name	Print First Name BBWORKS Print Last Name Team Numbers
Print First Name	Print First Name
Print First Name	Print First Name
Print First Name Team Numbers Print Last Name Team Numbers Address City & State Zip Email Age I, the undersigned, know that today's ride will be on public roads and that I could be injured or killed. I understand that bicycling can be physically demanding and that I am in good health. The bicycle I will be riding is in safe working order and I agree to ride in on today's prescribed routes in a safe and legal manner. I agree to release and hold harmless St. Louis Bicycle Works, Food Outreach, Schlalfy and all officers and workers, from liability for any personal injury to me or a minor I am signing for, and any damage or theft of personal property resulting from my	Print First Name