

# ***Weekend in Lancaster***

## ***September 25, 26 & 27, 2009***



- Three days of cycling the scenic, rolling roads of the Amish heartland, with rides ranging from 16 to 61 miles.
- Lodging on Friday and Saturday nights at the Mill Stream Country Inn. All rooms have two queen beds and cable TV. An indoor storage room for bikes is provided.
- Wine, cheese and dessert parties in the Mill Stream's hospitality room on Friday and Saturday evenings.
- Deluxe continental breakfast on Saturday and Sunday at the Mill Stream Country Inn.
- Buffet dinner on Saturday at the Bird-in-Hand Restaurant. ***(Friday dinner is on your own.)***
- Complimentary rooms for showering on Sunday
- All taxes and gratuities are included.

**Each attendee must provide an application and signed release.**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Roommate \_\_\_\_\_

( Please provide roommate information at the same time, because you will not be registered until all information is received. We do not provide or assign roommates.)

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

BBC member p.p. for complete weekend - \$190.00 (Double Occupancy)

BBC member p.p. for complete weekend - \$305.00 (Single Occupancy)

Non-member p.p. for complete weekend - \$210.00 (Double Occupancy)

Non-member p.p. for complete weekend - \$325.00 (Single Occupancy)

(We do not offer a non-lodging option.)

\$ \_\_\_\_\_

Please Make check payable to BBC.

**APPLICATION DEADLINE IS September 1, 2009**

(Refund minus \$20 until September 15th. No refund after September 15th.)

**Mail applications, signed release forms and check(s) to:**

**BBC Weekend in Lancaster**

**9100 Orbitan Road**

**Baltimore, MD 21234**

**Questions: [jicole01@comcast.net](mailto:jicole01@comcast.net) or call:**

**John or Jane Cole (410)661-4427**

**Walt or Carol Russell (410) 665-0651**

# BICYCLE HELMETS MUST BE WORN AT ALL BBC RIDES & EVENTS

BALTIMORE BICYCLING CLUB, INC. ("BBC")

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in the BBC sponsored Bicycling Activity ("Activity") listed below, I for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such "Activity". I further acknowledge that the "Activity" will be conducted over public roads and facilities open to the public during the "Activity" and upon which the hazards of travelling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the "Activity".

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these "Risks" and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the "Activity", the condition in which the "Activity" takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH "RISKS" AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the "Activity".

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the BBC, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the "Activity" takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the "Releasees", I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE "RELEASEES" from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Name Of

Activity: Weekend In Lancaster

\_\_\_\_\_  
Participant's Signature (only if age 18 or over)

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING "ACTIVITIES" AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED TO PARTICIPATE IN SUCH "ACTIVITY". I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE "RELEASEES" FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE "RELEASEES" NAMED ABOVE, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

\_\_\_\_\_  
Parent/Guardian Signature (if participant under age 18)

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone