

WGWL Excursion – Official Bike Ride



Sunday, August 19th, 2018
11 A.M. - 5 P.M.
Wapsi-Great Western Line Trail
Riceville, Iowa

52 Miles (or a little more or little less)

Start in Riceville; follow WGWL Trail's Northern Branch through McIntire to Bailey and return to Riceville for 26+ miles. Then for those wanting more, bike the WGWL Trail's Southern Branch pass the ghost town of Acme to Lylah's Marsh. The WGWL Excursion's registration, the start and the end point occur at the WGWL Welcome Center, 110 East Main Street (U.S. Hwy #9). Registration is from 11-3 P.M. Ride is from 11-5 P.M. Meal is from 12-5 P.M. Live music is from 2:30-4:30 P.M. Drawing is at 3 P.M.

A shuttle vehicle back to Riceville is available for those choosing only to ride out and not back. Please bring or ride with someone with a cell phone. *Helmets required.* Visit <http://wgwtrail.com/wgwlexcursion/> for more information. To register online go to <https://runsignup.com/Race/IA/Riceville/WGWLExcursionOfficialBikeRide>

\$15 advanced registration fee includes 3 water station, meal and a pie and ice cream treat upon return to the Trailhead Welcome Center. Any proceeds beyond expenses for food and administration supports trail maintenance and enhancements (example: signage). \$20 for registration after July 27th.
Registration Entry and Disclaimer Form follow.

DISCLAIMER

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Directors, RunSignUp.com, WGWL Trail and its representatives, Howard and Mitchell Counties, Howard and Mitchell County Conservation Boards, City of Riceville, City of McIntire and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that biking or any other activities associated with a ride are potentially hazardous activity. I should not enter this ride unless I am medically able to do so and properly trained. I assume all risks associated with biking in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in a bike ride. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this ride that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Directors to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

All cyclists must wear a helmet and are responsible for obeying all traffic regulations and personal safety while riding. A parent or guardian must sign for and accompany riders under the age of 18.

Initial _____

By submitting this entry, I acknowledge having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes..

Name _____ Signature _____

Address _____ City _____ State _____

Zip _____ Phone _____ Email Address _____

Age _____ Parent/Guardian Signature if under 18 _____

Please send Entry Form with payment (\$15 prior to August 1st/\$20 after) to:
WGWL Committee 500 Woodland Ave. Riceville, IA 50466

Administration Use Only

Paid _____: **Cash** **Check**