

Registration Form

Instructions: By signing this form you acknowledge that you have read and understand the release and waiver on the back. Where indicated "Group", decide which group number the rider will be participating with. You will have to check in at each Whirlpool. Turn this form in along with your "team name" form to Nick Fedor 119 Birdseye St. Clyde, Ohio 43410 or your health coach.

Team Member: _____

Signature: _____

Phone #: _____

Group: _____

Team Member: _____

Signature: _____

Phone #: _____

Group: _____

Team Member: _____

Signature: _____

Phone #: _____

Group: _____

Team Member: _____

Signature: _____

Phone #: _____

Group: _____

Team Member: _____

Signature: _____

Phone #: _____

Group: _____

Team Member: _____

Signature: _____

Phone #: _____

Group: _____

Team Member: _____

Signature: _____

Phone #: _____

Group: _____

Team Member: _____

Signature: _____

Phone #: _____

Group: _____

**Turn this form in to your health coach, email:
nick_fedor_healthscope@whirlpool.com, or
Nick Fedor 119 Birdseye St. Clyde, Ohio 43410
by May 25**

RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability ("the Release"), is executed on June 9, 2018, by _____ (the "Participant") in favor of Whirlpool Corporation, and their directors, officers, employees, volunteers, and agents (collectively, "Whirlpool").

The Participant desires to participate in Whirlpool-sponsored activities which may include cycling activities, riding on public roads, and other related activities ("the Activity"). In consideration of being permitted to participate in any way in the Activity, the Participant, on behalf of his or her personal representatives, assigns, heirs, and next of kin, freely, voluntarily, and without duress executes this Release under the following terms.

1. Acknowledgment. Participant acknowledges, agrees, and represents that he or she understands the nature of the Activity and that he or she is qualified, in good health, and in proper physical condition to participate in such Activity. Participant further acknowledges that the Activity will be conducted on bicycles and on or around roads, upon which the hazards of undertaking any activity are to be expected. Participant further agrees and warrants that if, at any time, he or she believes conditions to be unsafe, he or she will immediately discontinue further participation in the Activity.

2. Assumption of Risk. Participant fully understands that (a) the Activity involves risks and dangers of serious bodily injury, including permanent disability, paralysis, and death; (b) these Risks and dangers may be caused by the Participant's own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or the negligence of Whirlpool; (c) there may be other risks and social or economic losses either not known to the Participant or not readily foreseeable at this time; and the Participant FULLY ACCEPTS AND ASSUMES ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES that the Participant may incur as a result of my participation in the Activity.

3. Waiver and Release. Participant hereby RELEASES, DISCHARGES, AND AGREES NOT TO SUE Whirlpool, any sponsors, advertisers, and, if applicable, owners or lessors of premises on which any part of the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE PARTICIPANT'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. Participant further agrees that if, despite this RELEASE AND WAIVER OF LIABILITY, Participant or anyone on his or her behalf, makes a claim against any of the Releasees, Participant 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.

4. Medical Treatment and Insurance. Participant releases and forever discharges Whirlpool from any claim whatsoever which arises now or later on account of any first aid, treatment, or service rendered in connection with the Participant's involvement in the Activity. Participant understands that, except as otherwise agreed to by Whirlpool in writing, Whirlpool is under no obligation to provide any insurance coverage specific to the Activity for any Participant. Each Participant is expected and encouraged to have medical or health insurance coverage in effect while participating in the Activity.

5. Photographic Release. Participant grants Whirlpool all right, title, and interest in photographic images and recordings made by Whirlpool during the Activity, including for the use of such images and recordings in any Whirlpool promotional materials.

6. Other. Participant agrees that this Release and Waiver of Liability constitutes the entire agreement between Participant and Whirlpool related to the Activity, and that this Release and Waiver of Liability cannot be modified or any part of it waived without the express written consent of Whirlpool. Participant understands and acknowledges that this Release and Waiver of Liability is intended to be as inclusive as the laws of Michigan permit and that it shall be governed by the laws of Michigan. Participant agrees that if a clause or provision of this Release and Waiver of Liability is found by a court to be invalid, that finding shall not invalidate any other clause or provision of this Release and Waiver of Liability which shall continue to be enforceable.

I AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY 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. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature: _____ Date: _____

Team Name: _____

Number of participants: _____

Place a check in the box where you will be starting from and at what time in the parenthesis (see page 8). Do the same for your estimated finish time.

Starting:

Finishing:

Greenville (7am)

Marion (_____)

Marion (_____)

Ottawa (_____)

Ottawa (_____)

Findlay (_____)

Findlay (_____)

Clyde (9pm)

How many members on your team: _____

How many groups will you have: _____

Indicate who is in each group:

Group 1 _____

Group 2 _____

Group 3 _____

Group 4 _____

Group 5 _____

**TURN THIS FORM IN WITH YOUR
SIGNED RELEASE AND WAIVER BY
MAY 25.**

\$200 payment to be made online at

uwsandco.org