

Charles County's 8th Annual Heritage Bike Ride

Sponsored by the
Department of Community Services &
the Nanjemoy Community Center

Mark Your Calendar!

Saturday, May 16

7:30am-3:00pm

Don't miss out on a great day of biking
through beautiful Western Charles County!

Check side two for details and requirements.



Charles County Department of Community Services • 8190 Port Tobacco Rd • Port Tobacco, MD • 301-934-9305 • 301-932-6004 • 301-870-3388
Maryland Relay: 711 • Relay TDD: 1-800-735-2258 • Equal Opportunity County • Say No To Drugs • Visit us at www.charlescounty.org/cs

REGISTRATION FORM

Participant/Cyclist Information

Date of Birth: _____

Name _____

Street Address _____

City, State, Zip _____

Phone _____

Planned Distance (circle one)

25k (15 mi) 50k (32 mi) 100k (62 mi)

T-Shirt Size (circle) S M L XL XXL

Registration Fee:

Registration includes: T-Shirt, sag wagons, refreshments,
lunch, maps, and route markers.

Open to Participants Age 16 & Older
Resident Fee: \$25; Non-Resident: \$27
(add \$5 if registering the day of)
Site: Nanjemoy Community Center

Make checks payable to: Charles County Commissioners

Mail Payment to:

Nanjemoy Community Center
4375 Port Tobacco Road
Nanjemoy, MD 20662

No confirmations will be sent. You may assume you are registered unless otherwise contacted. Department of Community Services is not responsible for program cancellations due to Charles County Public Schools programming. I agree to participate or to allow my child to participate in the programs knowing that safety precautions will be taken but realizing that Charles County Department of Community Services does not have accident insurance for participants. I do hereby release and hold harmless Charles County, its officials, employees, instructors, and volunteers from any and all liabilities arising from any injuries that might occur during supervised programs. I authorize Department of Community Services to take photographs of me/my child for promotional and/or educational purposes. I hereby state and declare that this information is freely, willingly, and voluntarily made.

**Please read and sign BOTH sides of this registration form.
Forms without signatures will not be accepted.**

Signature: _____

Date: _____

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Saturday, May 16 • 7:30am-3:00pm

Check-In: 7:30-9:30am • Last SAG Run: 3:00pm

Call for Details: 301-246-9612

Open to Participants Age 16 & Older

Resident Fee: \$25; Non-Resident: \$27

Day of Registration: Add \$5

Site: Nanjemoy Community Center

Preregistration is strongly recommended.

Start your day at the End of the Road in scenic Nanjemoy, and enjoy a ride with stops at local points of interest. The western section of Charles County will delight you with its sense of serenity and history. Each route for the Heritage Bike Ride begins and ends at the Nanjemoy Community Center.

Three recreational routes to choose from:
100k, 50k, or 25k.

T-shirts, refreshments, sag wagons, and rest stops are included.

T-Shirts

The Heritage Bike Ride T-shirt is a quality, cotton shirt with an exciting new design. Souvenir T-shirts are guaranteed for all who register by May 9. For those registering after that date, T-shirts will be available on a first-come, first-serve basis.

Helmets

The Charles County Department of Community Services believes safety is a TOP priority, helmets are required for all riders.

Directions to Nanjemoy Community Center

From the Washington, D.C., Beltway

1. Proceed south on Rt 5 (Branch Ave) to Rt 5 intersection in Waldorf
2. Continue straight on Rt 301S to La Plata.
3. Turn right onto Rt 6 West (Port Tobacco Road)
4. Follow Rt 6 approximately 17 miles to the Community Center on the left.

From Southern Maryland

1. Take Rt 301S to Rt 6W (Port Tobacco Road)
2. Follow the directions from #4 above.

Registration Form

Both sides of the registration form must be signed.

In consideration of being permitted to participate in any way in the Heritage Bike Ride, sponsored by the Commissioners of Charles County, Maryland, through its Department of Community Services, 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 traveling 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 danger of serious bodily injury, including permanent disability, paralysis, and death (risk(s)); (b) these risks and danger may be caused by my own actions, or inactions, the action or inactions of others participating in the activity, the condition in which the activity takes place, or the negligence of others; (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 indemnify and hold harmless the County Commissioners of Charles County, Maryland, and its officials, employees, and agents (the "County") from and against any and all liabilities, judgments, settlements, losses, costs, or charges (including attorneys fees) incurred by the County and/or any of its officials, employees, or agents as a result of any claim, demand, action, or suit relating to any bodily injury (including death), loss of property, damage caused by, arising out of, related to, or associated with this activity; and

4. 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 intended to be completed 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, then all remaining portions of this Agreement shall continue in full force and effect.

I acknowledge and agree to the above.

Signature: _____

Date: _____