

2019 ZOO-DE-MACKINAC REGISTRATION

PLEASE TYPE OR PRINT (SO WE CAN READ IT)

ENTRANT

Name _____

Street Address _____

City, State _____ Zip _____

Phone (home) _____ (work) _____ Year of birth _____ Sex _____

E-MAIL _____

ZOO-DE-MACKINAC REGISTRATION

- Entry to pre-ride party at Boyne Highlands Friday Night
- Luggage transportation from Boyne Highlands to Mackinaw City on Saturday
- Round Trip Ferry ticket to/from Mackinac Island
- Post-ride party at various Mackinac Island bars Saturday night
- “Awesome” post ride bash
- Lunch at the Legs Inn on Saturday
- Route map & road markers
- Promotional giveaways

Early Registration - Must be postmarked by 2/28/19: \$50\$ _____

Registration - Must be postmarked between 3/1/19 - 4/28/19: \$60\$ _____

Late Mail-In Registration - 5/1 to 5/13 - Must be postmarked 5/9/19 to ensure you are on the list: \$75\$ _____

SWAG _____

Unisex Short Sleeve T-Shirts: \$15\$ _____

Check box for desired size XXL+\$2 XL L M S

Womens Cut Short Sleeve T-Shirts: \$20\$ _____

Check box for desired size XXL+\$2 XL L M S

Unisex Long Sleeve T-Shirts: \$20\$ _____

Check box for desired size XXL+\$2 XL L M S

“Zoo-de-Mack” Trucker Style Baseball Hat: \$20 (really cool!!!)\$ _____

TOTAL AMOUNT (NO REFUNDS).....\$ _____

MAKE CHECK PAYABLE TO: ZOO-DE-MACKINAC, INC.

MAIL TO: "Zoo-de-Mackinac" 725 Trombley, Grosse Pointe Park, MI, 48230

RELEASE AGREEMENT Please read carefully and sign below

I, the undersigned, freely acknowledge and realize the dangers in participating in the ZOO-DE-MACKINAC and fully assume all risks including, but not limited to, collisions with pedestrians, vehicles, other riders, and/or placed or moving objects, the negligence of other riders, sponsors, promoters or drivers, and dangers arising from falls, road surface, equipment failure, inadequate safety equipment, weather conditions, as well as the possibility of physical and/or mental trauma (or injury). I understand that the route requires bicycling on public roadways and in bad weather and that cyclists have been hospitalized and/or killed as result of traffic mishaps that are either their responsibility or other's responsibility, and I further agree that I will bear all expenses incurred in any such accidents.

I realize that the ZOO-DE-MACKINAC requires physical conditions and I represent that I am in sound medical condition. I have no physical or medical impediment that would endanger myself or others. I understand and agree that a situation may arise during the ZOO-DE-MACKINAC which may be beyond the control of the sponsors, promoters or organizers and agree to ride so as not to endanger either myself or others.

I waive, release, discharge for myself, my heirs, executors, administrators, legal representative (including successors) any and all rights and/or claims which I have, may have, or may hereafter accrue to me against the sponsors and promoters of the ZOO-DE-MACKINAC, including ZOO-DE-MACKINAC, INC., BOYNE USA RESORTS, or other sponsors or affiliated organizations and their respective agents, officers and employees for any and all damages, injuries or claims (including, but not limited to lost or damaged luggage) which may be sustained by me directly or indirectly arising out of my participation in ZOO-DE-MACKINAC.

The above Agreements and representations are my express understandings of the risks, and I assume these voluntarily and freely without coercion of duress. This Agreement may not be modified orally and may not be waived in any respect. I accept responsibility for the condition and adequacy of my bicycle and agree to abide by the rules of the ZOO-DE-MACKINAC relating to the optional wearing of a helmet, wearing an identification band, as well as other organization requirements.

I grant to Zoo-De-Mackinac, Inc., its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Zoo-De-Mackinac, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Zoo-De-Mackinac, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

SIGNATURE _____ Date _____

SIGNATURE OF PARENT OR GUARDIAN: I, as a parent or guardian of the above named minor hereby give my permission and consent voluntarily and freely for my child to participate in the ZOO-DE-MACKINAC. I further agree individually and on behalf of my child to the above items after having fully read the items.

Age of Minor _____
SIGNATURE OF PARENT OR GUARDIAN _____ Date _____