



MERCER AREA
CHAMBER OF COMMERCE PRESENTS:
RED, WHITE, & RIDE
FEBRUARY 12-15, 2026

1 SHEET: \$20.00 OR 2 SHEETS: \$30.00

**1ST ANNUAL RED, WHITE, & RIDE:
REGISTRATION & WAIVER**

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP CODE:** _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE #: _____

WHERE DID YOU HEAR ABOUT THIS EVENT? _____

SIGNATURE: _____ **DATE:** _____

PICK YOUR PICK UP LOCATION AT THE MERCER CHAMBER OF COMMERCE

OTHER PICK UP LOCATIONS MAY BECOME AVAILABLE!

**PLEASE RETURN COMPLETED REGISTRATION AND SIGNED WAIVER (TURN PAGE) WITH PAYMENT TO:
MERCER AREA CHAMBER OF COMMERCE 5150N HWY 51 MERCER, WI 54547**

5150N HWY 51 MERCER, WI 54547

INFO@MERCERCC.COM 715.476.2389

MERCERCC.COM



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PRESENTS:**

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**PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK
MUST BE COMPLETED AND SIGNED**

In consideration of the opportunity to participate in a "Ride", or "Activity" conducted by the Mercer Area Chamber of Commerce Inc., their agents, owners, officers, volunteers, participants, employees and all other persons or entities acting in capacity on their behalf (hereinafter collectively referred to as Mercer Area Chamber of Commerce, Inc. I hereby agree to release and discharge Mercer Area Chamber of Commerce Inc, on behalf of myself my children, my parents, my heirs assign, personal representative and estate as follow: I acknowledge that certain known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include among other things, Collision with other riders or objects along the trails, walls or other fixed objects: falling down; my own equipment failure or the failure of other's negligence: objects or conditions on the surface that my cause me to fall: broken bones, sprains, head, neck and back injuries: abrasions' and bruises. Furthermore, employees and volunteers have difficult jobs to perform.

They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give inadequate warnings or instructions and the equipment being used might malfunction. I expressly agree and promise to accept and assume all the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.

I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless the Mercer Area Chamber of Commerce Inc. from any and all claims, demands, or causes of action which are in anyway connected with my participation in this activity or my use of the Mercer Area Chamber of Commerce's equipment or facility, including such claims which allege negligent acts or omissions of.

Should the Mercer Area Chamber of Commerce Inc. anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating. Or else, I agree to bear the costs of such injury or damage. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity. Or else, I am willing to assume and bear the costs of all risks that may be created, directly, by any such condition. In the event that I file a lawsuit against the Mercer Area Chamber of Commerce Inc. I agree to do so solely in the state of Wisconsin.

Participant's Signature

Date

Participant's Name
(Please print legibly.)

IF UNDER THE AGE OF 18, A PARENT'S OR GUARDIAN'S SIGNATURE IS REQUIRED

Name of Minor (print minor's name): _____

Date: _____

Being permitted by (print parent/guardian name): _____

Signature of Parent/Guardian: _____