IMPORTANT – You must read and sign the waiver before participating in the 2026 Team Maywood Program

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT, PARENTAL CONSENT, AND PHOTO RELEASE

In exchange for permission for me and/or my minor child (hereafter my child) to participate in the Team Maywood Program (program), I represent that: I acknowledge that I/my child am participating in the activity/activities outlined by this program by my/my child's own free will and at my/my child's own personal risk. I/my child will not participate in the program unless I/my child am medically able and properly trained, and by my signature, I certify that I/my child am medically able to perform this program, and am in good health, and I/my child am properly trained. I further agree to abide by all recommendations for the prevention of the spread of the 2019 Novel Coronavirus Disease (COVID-19) that are made by the Center for Disease Control's (CDC) and all state, county, and local authorities. I agree to abide by all laws and safety guidelines that pertain to bicycling on public roadways such as but not limited to wearing highly visible clothing, wearing a helmet, wearing protective eyewear, and obeying pedestrian and traffic laws. I acknowledge that if I and/or my child believe conditions are unsafe, I and/or my child will immediately discontinue participation in the program. *I UNDERSTAND THE NATURE OF THE PROGRAM, and that the program may involve potentially hazardous activities and risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my/my child's own actions, or inactions, those of other program participants, the conditions in which the program takes place, or the negligence of the "RELEASEES" named below. * I agree to abide by any decision of program organizers relative to any aspect of my/my child's participation, including the right of any organizer to deny or suspend my/my child's participation for any reason whatsoever. I attest that I have read the program information available at www.gomaywood.org, including the terms in this waiver, and agree to abide by them. I assume all risks to me/my child associated with participating on my/my child's own as part of the program, including but not limited to: falls, contact with other individuals, the effects of the weather, traffic and the conditions of the road, trail, or body of water, all such risks being known or unknown and appreciated by me when participating. * If the registrant is under 18 years of age, incapacitated, or mentally challenged, I assert that I am the parent / legal guardian or otherwise authorized to execute a legally binding agreement on behalf of the registrant. By proceeding with this event registration, I agree that the terms of this Agreement and Waiver shall apply equally to all parties that I registered/the Registered Parties. *I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY for losses, costs, and damages I and/or my child incur as a result of my and/or my child's participation in the program. *I HEREBY RELEASE, DISCHARGE AND PROMISE NOT TO SUE Ellwood H. May Environmental Park, Ellwood H. May Environmental Park Association of Sheboygan County, Inc., Environmental Park Trust of Sheboygan County, and the City of Sheboygan, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and landlords of premises on which the program takes place (each considered one of the "RELEASEES" herein), from all liability, claims, demands, losses, or damages that I and/or my child suffer which are caused or alleged to be caused in whole or in part by the negligence (but not reckless or intentional conduct) of the RELEASEES or otherwise, including negligent rescue operations. *I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each RELEASEE from any loss, liability, damage, or cost which may incur, if, despite this release and waiver of liability, and assumption of risk, I or anyone on my and/or my child's behalf, makes a claim against any RELEASEE. *I have carefully read this release of liability and understand its contents. I understand that I have the right to request different release of liability terms by negotiating a separate agreement. However, by signing this release, I waive the right to negotiate different terms and agree to the terms contained herein. * I understand that photos, videos, audio recordings, and/or written descriptions of myself, my child, and/or the program, submitted by me/my child via print or electronic means, or created by each RELEASEE may be used for legitimate publicity and promotion purposes by each RELEASEE or their authorized agents. I hereby waive my/my child's rights of privacy or publicity and grant permission to each RELEASEE to use such images, video footage, audio recordings, and written descriptions of me and/or my child, with or without my/my child's name, by each RELEASEE, its authorized agents and its sponsors in all forms of media without any further approval or compensation. * I understand that my/my child's registration fee for this program is non-refundable.

***I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT, PARENTAL CONSENT, AND PHOTO RELEASE (collectively "Agreement"), UNDERSTAND THESE TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT INCUDING THE RIGHT TO SUE, and have signed it freely and without any inducement or assurance of any nature. No RELEASEE or person on behalf of any RELEASEE has told me anything that is inconsistent with or contrary to the terms of this Agreement. I understand that, in reliance upon my signature on this form, voluntarily given, I may be permitted to participate in the Event noted above. I intend it be a complete and unconditional release of all liability to the greatest extent allowed by the State of Wisconsin and its law. If any portion of this Agreement is held to be invalid, the balance shall continue in full force and effect.**

_____ _____

Print name of Participant here **Date**

_____

Signature of Participant (must be 18 or over to participate.

A larger print version of this waiver can be obtained by calling (920) 459-3906 or emailing Maywood@sheboyganwi.gov.

TEAM MAYWOOD 2026

Distance Bike Training Program

A four-month training program for long distance cycling including 100-mile century rides

Informational Meeting
Monday, April 27 at 5:30pm

Rides begin
Monday, May 4, 2026 at 5:30pm

3615 Mueller Road
Sheboygan, WI 53083
920.459.3906
Maywood@sheboyganwi.gov
www.GoMaywood.org

About the Program

Join our team of experienced staff and volunteer trainers as you improve your distance and endurance in cycling. The program includes weekly training rides, scheduled weekend rides, and a season-end celebration ride of up to 100-miles - all designed to increase your skill, knowledge, and physical fitness. Training is targeted to your specific riding ability and multiple riding groups are offered based on your riding speed and skills. **For additional program details visit gomaywood.org**

Monday Night Rides

Training rides are held every Monday night, rain or shine. Rides leave the Maywood parking lot at 5:30 pm sharp. The rides begin May 4 and run through September 8. Rides canceled by rain or that fall on Monday holidays will be held the following Tuesday.

Weekend Rides

Five weekend rides are scheduled throughout the summer. In late August we will offer a season-end celebration ride with route options up to 100-miles in length, rest stop, and lunch at the end of the ride.

Options to Fit Your Schedule

Register for the program option that works best for you. We offer a full registration that includes all rides and events, a Monday night only option with the ability to add on the final celebration ride, and a weekend only ride option.

Discounts at Area Bike Shops

Participants can receive discounts on various items and services from local bike shops. Details on specific discounts will be available on our website later in spring.

Maywood Memberships

Become a Maywood member (starting at $30) and receive the member rate. A membership covers all members of your household. So, if multiple people from your household join the Team Maywood program, you all receive the membership rate on all registrations.

Payment Options

Credit Cards To pay with credit card, please use our online registration option. A processing fee applies to all credit card payments.
Cash or Check Return cash or check payment with registration form and signed waiver in this brochure.

Referral Program

Register for the Full Program level and receive a $40 referral refund when you refer a new participant to Team Maywood and they join at the Full Program level. New participants are someone who has not participated in Team Maywood in the past two years (2024 or 2025). Limit one referral refund per participant.

Team Maywood is open to adults age 18 and over.

2026 Team Maywood Registration Form

One form per rider. Please Print. All participants must sign the waiver on the back of this form BEFORE participating.

Name_____

Address _____

City/State/Zip _____

Cell Phone (_____) _____

Alternate Phone (_____) _____

Email _____

Birth Date: Month_____ Day___ Year_____
(program is open to those 18 and older)

Emergency Contact Information

Contact Name _____

Phone (_____) _____

Relationship _____

Allergies/Medical Conditions _____

Payment Information – Check Selection
Full Program (All Rides)
☐ Member $165 ☐ Non-Member $200
Monday Evening Only
☐ Member $135 ☐ Non- $165
☐ Add season end ride to Monday option $15
Weekend Rides Only
☐ Member $60 ☐ Non-Member $90

☐ **Become a Maywood member $30 and receive the member rates above**

Total Enclosed $ _____

Checks payable to Maywood. For credit card payment, please use our online registration option. Processing fees apply to credit card payments.

Return to: Maywood, Attn: Team Maywood, 3615 Mueller Road, Sheboygan, WI 53083.

SIGN WAIVER ON REVERSE OF THIS PAGE

Office use: Date Recd_____ Amt _____ Method _____