Tour de Ed

A Fundraising Ride for the Chico Cyclist Care Fund

March 8, 2009

City Hall Parking Lot -- 5th & Wall
Registration Opens Ride Day 7AM --Ride Starts 10AM

A 20 mile route through the orchards to Durham and back,or a 6 mile loop of Lower Bidwell Park.

Please, one rider per entry form. Photocopy this form as often as needed.

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ EMERGENCY PHONE _____ SEX (M/F) _____

EMAIL (So we may let you know when Registration opens next year -- we do not share this information with anyone) _____ **PRICE** _____ **PRICE SUBTOTAL** _____

Tour de Ed - All proceeds from the ride go to the Chico Cyclist Care Fund	$**25.00**	
Every Rider gets one Free Tour de Ed T-shirt o **S** o **M** o **L** o **XL** o **XXL**	FREE	
Extra Tour de Ed Short sleeve T-shirts ___**S** ___**M** ___**L** ___**XL** ___**XXL**	$**15.00 ea**	
Tour de Ed Specialized water bottles	**$6.00 ea**	
Donation to the Chico Cyclist Care Fund (Donation to Chico Cyclist Care Fund in care of Ed Mclaughlin)		
Chico Velo Membership (Members receive all club mailings)	$**10.00**	
(Please make checks to: Chico Cyclist Care Fund) **TOTAL**		

You can also register on-line at www.active.com until March 5, 2009

Statement of Risk

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Chico Velo Cycling Club, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entitles as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand it's content. I will wear an ANSI/Snell Approved helmet.

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

AGE _____ SIGNATURE OF RIDER _____ DATE _____

Signature of Parent or Guardian (IF RIDER IS UNDER 18 YEARS OF AGE) _____

mail check and registration to:

Chico Velo Cycling Club
P.O. Box 2285
Chico, CA 95927

If paying by credit card, you can register on-line at www.active.com. Cash or check only on ride day.