



2008 CENTRAL VIRGINIA BIKE FESTIVAL REGISTRATION FORM

INSTRUCTIONS: Only one entry per person. Make check payable to CV Bike Festival. Complete this form, sign the waiver, and drop-off or mail both to: Bikes Unlimited Cycling & Fitness, 2248 Lakeside Drive, Lynchburg, VA 24501. NOTE: Registration ends: Saturday, May 17th at 4:00pm. NO SAME DAY REGISTRATION!!

NAME: (Last) _____ (First) _____

ADDRESS: (Street) _____ (City, State, Zip) _____

DAYTIME PHONE: _____ E-MAIL: _____

EMERGENCY CONTACT: _____ (Phone) _____

WHICH RIDE WILL YOU DO? ____ 20 ____ 40 ____ Metric Century (63) ____ Century (100)

SELECT YOUR CYCLING SOCK SIZE: _____ S/M _____ L/XL

Fees:

Adult - \$30; Junior (12 and Under) - \$20 _____ (before May 1st)

Adult - \$40; Junior (12 and Under) - \$30 _____ (after May 1st)

Optional: Commemorative Jersey (\$75) _____

Circle your size: Men's SM MD L XL 2XL Women's SM MD L XL (visit www.cvbikefestival.com for details)
Must be ordered by March 21st to arrive in time for the event.

AMOUNT PAID: _____ Check # _____ Cash _____

Accident Waiver and Release of Liability:

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 the athletes, but are also present for volunteers. I hereby assume all of the risks of participating and/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 this event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors and organizers, and that it will govern by 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 kinds which may hereafter accrue to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: 365 Specialty Sports, Inc., Bikes Unlimited Cycling and Fitness, Volunteers, Employees, and Promoter and their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers: (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of release or otherwise I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event. The Accident Waiver and Release of Liability 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 its content.

Participant Name (print) _____ Age _____

Signature: _____ Date _____

For Participant Under 18:

Signature of Parent or Guardian _____ Date _____