

Cross Plains VFD Bicycle Tour June 13, 2009 - Registration Form

Last Name: _____ First Name: _____ Sex: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ I plan to ride the: 75 60 50 21 12 (Please Circle One)

Emergency Contact: _____ Tel # _____

Entry Fee: \$35.00 per Bicycle (Single or Tandem) If postmarked by June 5, 2009 \$ _____

Entry Fee: \$40.00 After June 5, 2009 \$ _____

Entry Fee: Groups of Five or more \$30.00 each Bicycle, Number in Group _____ \$ _____

(Group Fees must be paid in one payment. Form is required for each cyclist.)

**Active Military ** discount (\$2.00) Active Military ID card required at check in \$ _____

Free T-Shirt size to the first 100 registrants. Available only with

Pre-Registration form, one per entry. Adult sizes only M L XL

(XXL & XXXL available at an additional \$2 Charge.) (Circle Size) \$ _____

NO REFUNDS!!! HELMETS ARE REQUIRED FOR ALL RIDERS!

Notice This Entry blank/ release form is a contract with legal consequences. Read carefully before signing.

In consideration of the acceptance of the registration entry, I the undersigned assume full and complete responsibility for any injury or accident to me which may occur during my participation in any Cross Plains VFD tour events, or while I'm on the premises of the event, and hereby release, indemnify and save and hold harmless the sponsors, Volunteers, advertisers, and all other persons and entities associated with this event(The Release) from any and all injuries or damage, whether it be caused by negligence of the sponsors Or promoter, entities associated with the event, or otherwise. I acknowledge that I am physically capable of participating and I am familiar with the dangers involved with participating in such event, including the danger of serious injury and/or death and that there may be defects in the riding surfaces and/or other permanent or temporary obstacles which I must be careful to avoid, and I agree to familiarize myself with the course prior to commencement of the event I further acknowledge that the Cross Plains VFD Tour will be conducted over public roads and facilities open to the public during the event and upon which the hazards of traveling are to be expected. I understand that a bicycle is a legal vehicle in the state of Texas and that I must ride in a legal and safe manner.

I, The legal parent and/or Guardian of the named minor understand the nature of bicycling activities and the minors experience and capabilities and believe the minor to be qualified to participate in such activities . I hereby release, discharge, covenant not to sue, and to agree to indemnify and save and hold each of the releases from all liability, claims, demands losses or damages on the minors account caused or alleged to be caused in whole or in part by the negligence of the of the "release" or otherwise ,including negligent rescue operations and further agree that if despite this release I the minor or anyone on the minors behalf makes a claim against any of the release named above, I will indemnify, save, and hold harmless each of the releases from any litigation expense, attorney fees, loss liability, damage, or cost which may be incurred as the result of any such claim.

Signature of rider _____

Signature Parent/Guardian _____ Date _____

Please send completed and signed registration form and Payment to:

Cross Plains VFD, PO Box 339, Cross Plains, TX 76443