

1st Annual Brookings "By-Cycle" Bike-a-Thon

Registration and Waiver Form

Date of Ride: July 31st, 2010

Start and Finishing Point: Pioneer Park, Brookings SD

Start Time: 8:00 am registration and 9:00 am 10 mile cycle path start
10:30 am start for 1 mile family loop within Pioneer Park

Advanced Registration Fee by 7/30:

Adults \$30 (10 mile loop)

Families \$45 (two adults and children 14 and under)

* Includes 10 mile loop for qualified riders and 1 mile family loop

Teams (minimum four adults) \$20/adult

Day of Event Registration Fee: Fee stated above PLUS \$5

An entry fee discount will be used for riders who receive sponsorships!

Entry Fee Discount

\$ Raised	Entry Fee Discount
≥\$20	-\$5
≥\$35	-\$10
≥\$50	-\$15
≥\$100	-\$20

I agree to pay cash or check made to the order of: **United Retirement Center** to participate in this bike ride.

Please read the waiver carefully, sign and return it with registration form:

By checking the box below, I agree, warrant and covenant as follows: As an entrant in the **Brookings "By-Cycle" Bike-a-Thon** to benefit the intergenerational programs at United Retirement Center and Child Development Center. I know that participation in this event could potentially cause injury. I should not enter unless I am medically able and properly trained. I accept all risks associated with participation in this event and agree to practice road safety. I realize that weather, road and traffic conditions may make this a grueling ride and I am sufficiently competent at bicycling to handle such conditions found in the planned course. My bicycle is in safe operating condition and I understand that **wearing a helmet is mandatory** to participate in this event.

Understanding the foregoing and in consideration of acceptance of my entry, I, my heirs, my personal representative or anyone entitled to act on my behalf hereby release and discharge event officials; United Retirement Center and Child Development Center; TV Productions; Sioux River Bicycles & Fitness; and all other sponsors of the event, their agents, representatives and successors from all claims or liabilities of



any kind or nature resulting from, or arising out of, or incident to my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the entities named herein.

In addition, I grant permission of all of the entities named herein to use photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I represent that I am of lawful age and legally competent to execute this statement and that before proceeding, I have read and understand its contents completely.

Signature denotes my agreement to the above waiver.

Date

Please complete and list additional family or team members below if applicable.

Name

Email address

Address

City

State

Zip

Day Phone

Evening Phone

Gender: Male Female

Date of Birth

Emergency Contact Name

Phone #

Name	DOB	Gender (check with X)	
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>

Day care for young children will be provided by the Child Development Center from 8 a.m. to 11 a.m. for parents who want to participate in the 10 mile loop and the 1 mile family loop with their children. Participants interested in day care **MUST** preregister with the Child Development Center by calling 605 696-7488.

See you on the cycle path!

