

**Registration for the 2008 FSWCYMCA Spring Ride
Saturday, May 10, 2008
Tazewell, VA**

Registration Fee: \$30.00

Important: Please fill out one form for each rider—copy as needed

Age on May 10, 2008: _____

Name: _____

Address: _____

Phone: _____ (Home) _____ (Work or Mobile)

Email: _____

Emergency contact information on day of ride:

Name: _____

Phone: _____

Important: Please read all of the information on this registration and the liability waiver on the second page. Sign both forms and return to us postmarked by May 1st, 2008.

Please make checks payable to the *Four Seasons YMCA* and send with this form to:

**Public Relations Dept. of TCH
141 Ben Bolt Avenue
Tazewell, VA 24651**

Or call 276-988-8720 for FAX information and payment by Credit Card.

I, the undersigned, freely acknowledge and realize the dangers of participating in the 6 Mountain Metric Spring Ride and fully assume all risks including, but not limited to, collision with pedestrians, vehicles, and other riders and/or fixed or moving objects, the negligence of other rides, sponsors, promoters or drivers, and dangers arising from falls, road surface, equipment failure, inadequate safety equipment, weather conditions, as well as the possibility of physical and/or mental trauma (or injury). I understand that the route requires biking on public roads and I agree that if an accident occurs, I will bear all expenses incurred.

I realize that participating requires an appropriate level of physical condition for this ride. I represent that I am in sound medical condition and I have no physical or medical impediment, which would endanger others or myself. I understand and agree that a situation may arise during the 6 Mountain Metric Spring Ride, which may be beyond the control of the sponsors, promoters, or organizers and agree to ride as not to endanger either myself or others.

I will wear a certified helmet when riding a bike during the 6 Mountain Metric Spring Ride. I will obey all Virginia traffic laws and regulations. If I voluntarily leave the route, I am no longer a part of the ride.

I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors), any and all rights and/or claims which I have, may have or may hereafter accrue to me against the sponsors, promoters or organizers of the 6 Mountain Metric Spring Ride, or other sponsors or affiliated organizations and their respective agents, officers, and employees for any all damages, injuries or claims that may be sustained by me directly or indirectly arising out of my participation in the 6 Mountain Metric Spring Ride.

The above agreement and representations are my express understanding of the risks and I assume these voluntarily and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect. I accept responsibility for the condition and adequacy of my bicycle and agree to abide by the rules of the 6 Mountain Metric Spring Ride.

Printed Name

Signature

Date: _____

YOU MUST BE 18 YEARS OF AGE OR OLDER TO PARTICIPATE