

Registration for Four-in-one Events

Southwest Virginia Cycling Series

Mule Hell-Roubaix: Sat. May 2, 2009 in Wytheville

Mother of a Metric: Sat. May 9, 2009 in Tazewell

Big Walker Century Ride: Sat. June 20, 2009 in Wytheville

Bicycling and Barbeque: Saturday, July 11 in Galax

All riders: \$105 before April 29; \$124 after April 30

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

Name: _____

Address: _____

Phone: _____(h); _____(work or cell) T-shirt size: _____

Emergency contact information on day of ride: _____, phone: _____

Email: _____ Age on May 2, 2009: _____

Important: Please read all the information on this registration, sign the Release form below, and return to our office or on day of registration. Please make checks payable to the HOPE, Inc. and mail to:

HOPE, Inc.

P.O. Box 743, 680 W. Main Street

Wytheville, Va. 24382

Release and Assumption of Risk

In consideration of the right to participate in all four events of the Southwest Virginia Cycling Series on Saturday, May, 2/ Saturday, May 9/ Saturday, June 20 and Saturday, July 11, 2009, the undersigned freely acknowledges the dangers of participating in a bike tour and fully assumes all risks, including but not limited to collision with pedestrians, vehicles, other riders and/or fixed or moving objects, the negligence of other riders, all sponsors or promoters or drivers, dangers arising from falls, weather conditions, road surfaces, equipment failure, inadequate safety equipment and personal or property injury which I might sustain.

I agree to bear all expenses incurred should an injury/accident occur, and to hold HOPE Ministry Center and Helping Overcome Poverty's Existence, Inc. (HOPE, Inc.), in addition to the respective sponsors of the other three rides: Family Resource Center, Four Seasons YMCA and Free Clinic of the Twin Counties harmless. I represent that I am in sound medical condition and have no physical or medical impairment which would endanger myself or others. Should I sustain injury which, in the opinion of emergency technicians, requires medical attention, I agree to said medical treatment. I further agree to wear an ANSI or Snell Certified helmet while riding on the tour. I will observe and obey all bike tour requirements, as well as Virginia traffic laws and regulations. I understand that if I leave the route, I am no longer on the bike tour. I also give permission for use of my name and/or likeness in any newspaper, broadcast, telecast or other promotional account of this event.

Wherefore, as evidenced by my signature below, I waive, release, discharge for myself, my heirs, executors and administrators/legal representatives any and all rights and/or claims which I have, may have or may thereafter accrue to me against the sponsors and promoters or their agents, officers and employees for any and all claims which may be sustained by me.

Signature

Printed name

Date: _____

Parent/Guardian Release: I am the parent/guardian for this under entrant named above, who has not turned 16 as of the May 2, 2009. By my signature I hereby give my permission for my child to participate in this event and agree to the terms of this Release.

Signature (parent/guardian)

Printed name