

100 Grand Entry Form

June 6, 2009

Please mail completed entry form with payment to: 100 Grand, Rapid Wheelmen, Inc., P.O.Box 1008, Grand Rapids, MI 49503
One form per rider – please print legibly

Name _____ Address _____ _____ Phone _____ Email _____ e-mail will be used for confirmation purposes only Emergency contact _____ Emergency phone _____ Age ____ Sex __M__F Your 1st 100 Grand? ____y__n I will ride: 105 65 36 17 Road Bike 101 - 36 (Please indicate your route choice)	<h3 style="text-align: center;">Road Bike 101</h3> <p>Not confident enough to ride 36 miles on the road solo? Join us for Road Bike 101! We'll have a brief run-through of the Rules of the Road, then head out on our challenging 36-mile loop in small groups. You'll ride with along with experienced and not-so experienced cyclists, with stops as needed to re-group. Experience the joy of getting off the trails and riding along quiet rural roads. Learn tips to help you ride confidently, climb hills with less effort, and safely navigate your bicycle on all types of roads.</p> <p>Road Bike 101ers will enjoy lunch at the conclusion of the ride. Riders under age 16 must be accompanied by an adult.</p>
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	Before May 24		After May 24		TOTAL Enclosed
	Single	Family	Single	Family	
Rapid Wheelmen member	\$15	\$30	\$20	\$40	\$ _____
Non-member	\$20	\$40	\$25	\$50	\$ _____
Total Registration Fees					\$ _____
TOTAL ENCLOSED					\$ _____
<small>Make check or money order payable to Rapid Wheelmen</small>					\$ _____

Register by May 24 to be eligible for one of two \$50 gift certificates to Alger Cycling & Fitness

WAIVER, HOLD HARMLESS & COVENANT NOT TO SUE

In signing this entry and release form for myself or the named entrant, if he/she is under 18, (hereafter collectively referred to as "I"), I hereby agree that I know the risks associated with bicycling events and I willingly accept them. I am covered by my own medical insurance and accept full responsibility for all medical expenses I may incur as a result of my participation in this event. I will permit emergency treatment in the event of injury or illness. To my knowledge, I have no physical or mental conditions that would endanger myself or others by my participation in this event. I have properly maintained my bicycle and related equipment so as to ensure my safety and that of other participants. I agree to wear an ANSI/Snell approved bicycle helmet that may protect against serious head injuries and I assume all liability for the selection of my helmet. I agree to follow safe bicycle practices while participating in this event.

I agree not to sue the Rapid Wheelmen Inc. and its members, officers, and volunteers, and all other event sponsors, whether individuals or organizations (collectively referred to as "Released Parties"). I also agree to hold harmless, and release from all liability for myself and my heirs, the Released Parties of all blame or liability for any injuries, death, losses, damages or inconveniences that I suffer while traveling to, from, and while participating in this event. It is my responsibility to know the Michigan Vehicle Code and other special rules pertaining to this event as set forth in the event materials. I agree that the above representations are contractually binding and not mere recitals. This contract may not be modified orally and a waiver of any provisions contained herein shall not be construed as a modification of any other provisions herein. I HAVE READ THIS CONTRACT, UNDERSTAND IT AND AGREE TO BE BOUND BY ITS TERMS.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____