

**REGISTRATION FORM
MISSION TO RIDE
EVENT DATE – MAY 16, 2010**

**EACH PARTICIPANT MUST SUBMIT A REGISTRATION FORM.
A WAIVER WITH ORIGINAL SIGNATURE MUST ACCOMPANY EACH PARTICIPANTS REGISTRATION FORM.
PARTICIPATION WILL ONLY BE CONFIRMED UPON RECEIPT OF BOTH FORMS.**

SUBMIT FORMS TO: **MISSION TO RIDE
P.O. Box 653
Montrose, Colorado 81402**

LOCAL REGISTRATION MAY BE COMPLETED AT CASCADE BICYCLES, 21 N. CASCADE AVE., MONTROSE Colorado

- **LATE ENTRIES MAY NOT BE ELIGIBLE FOR RIDE JERSEY**
- **SNELL OR ANSI HELMETS ARE REQUIRED**
- **SET YOUR OWN PACE – THIS IS NOT A RACE**
- **ALL TOURS BEGIN AND END ROTARY PARK**
- **POST RIDE MEAL WILL BE SERVED – ADDITIONAL MEAL TICKETS AVAILABLE**
- **CHECK-IN AND EARLY REGISTRATION WILL BE AVAILABLE FROM 5 PM TO 7 PM ON MAY 15, 2010 AT THE HOLIDAY INN EXPRESS**
- **LOCAL PARTICIPANTS CHECK IN AT ROTARY PARK THE MORNING OF THE EVENT**

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____ EMAIL ADDRESS _____

CIRCLE T-SHIRT SIZE: SM MED LARGE XLARGE

JERSEY SIZE: _____

I AM INTERESTED IN RIDING THE _____ ROUTE. (30/40/60/CENTURY/MTN BIKE ROUTE)

\$80.00 ENTRY INCLUDES BIKE JERSEY, AIDE STATIONS, AFTER EVENT MEAL, BEVERAGES AND NATIONAL PARK ENTRANCE FEE.....

\$40.00 ENTRY INCLUDES RIDE T-SHIRT, AIDE STATIONS, AFTER EVENT MEAL AND BEVERAGES, AND NATIONAL PARK ENTRANCE FEE.....

\$15.00 ENTRY FOR CHILDREN AGE 15 AND UNDER.....

\$10.00 EXTRA MEAL TICKET (NON-PARTICIPANT FAMILY MEMBER).....

CONTRIBUTIONS IN EXCESS OF THE ENTRY FEES GO DIRECTLY TO THE MONTROSE MEDICAL MISSION AND ARE ENCOURAGED AS A TAX DEDUCTIBLE CONTRIBUTION TO A 501C3 CORPORATION.....

\$5.00 Late Fee for applications submitted after May 10th.....

ENTRY/PAYMENT TOTAL.....

METHOD OF PAYMENT:

Check # _____ OR Money Order # _____

DO NOT MAIL APPLICATIONS AFTER MAY THE 10TH, APPLICATIONS WILL NEED TO BE SUBMITTED IN PERSON DAY OF THE RIDE.





TREK

**Mission to Ride
Waiver and Release**

I, _____ (please print participant's name) wishes to participate in the "Mission to Ride" charity bike event. I am of legal age and have read this Waiver and Release and fully understand the content and am bound to it. If not of legal age, my parent or legal guardian has read and fully understands the Waiver and Release and that I am completely bound to the Waiver and Release by their signature.

I understand that there are inherent risks involved in bicycle riding and bicycle touring and that serious injuries and damage may and sometimes does occur, I nevertheless accept and knowingly accept those risks. I hereby, for myself, my heirs, and my legal representatives release and indemnify and agree to hold harmless Montrose Medical Mission, officers, board members, directors, representatives, employees, volunteers, participants, sponsors and other persons or entities who may be involved with promoting or conducting this charity bike event of and from any and all losses, costs, damages, claims, demands, rights and causes of action which may arise and result from illness, personal injuries, property damage, death or of any other damages or injuries not included herein, occurring during, or as a result of my participation in this charity event.

I do hereby consent and agree that I will at all times during participation in the charity event adhere to and obey all state and local laws, highway and street signs and regulations of the tour which includes wearing a SNELL or ANSI approve bicycle helmets at all times while riding a bicycle. I understand that bicycle riding is a strenuous and potentially dangerous activity. I will not participate unless I am medically and physically able and properly trained in the use of my bicycle. I assume full and complete responsibility for any injury or accident, which may occur while I am traveling to and from the event, during the event or while participating I the event or on the premises of the event. I am aware of and assume all risks associated with participating in this event including but not limited to falls, traffic accidents, contact with other participants, and effect of weather, road and path conditions. I for myself and my heirs and legal representatives hereby waive, release and forever discharge the Montrose Medical Mission, the event organizers, sponsors, promoters, and each of their agents, representatives, successors, and assigns, and all other persons associated with the event, for any and all liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this charity event. I understand this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above named parties, or otherwise.

I do hereby consent to and authorize Montrose Medical Mission, event organizers, representatives, participants, and sponsors to obtain emergency medical treatment for me in case of any illness or injury that may occur during the event. I understand and accept that any costs including but not limited to medical costs incurred with respect to emergency treatment will be my responsibility.

By completing this Waiver and Release and registration both I and Montrose Medical Mission agree that the statutes and laws Of the State of Colorado, without regard to the conflict of laws principle thereof, will apply to all matters relating to this event registration or this Waiver of Liability. If an provision of this Waiver of Liability shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Waiver of Liability and shall not affect the validity and enforceability of an remaining provision.

I understand the registration fee is not refundable.

Signature: _____ Date: _____

Signature of parent or guardian of minor: _____