



Weekend at Wallowa August 27-29, 2004

Brought to you by the Lost River Cycling Club

PARTICIPANT INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

AGE: _____ SEX: Male Female

LONG SLEEVE T-SHIRT SIZE S M L XL XXL

EMERGENCY INFORMATION

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

BICYCLE INFORMATION

FRAME: _____

DRIVETRAIN: Shimano Campagnolo 8 Speed 9 Speed 10 Speed

WHEEL SIZE: _____

CARPOOL DRIVER

_____ I have a larger sized vehicle with a bike rack and would be willing to drive

VEHICLE TYPE _____

COST AND REGISTRATION

OPTION LRC Member \$100.00 Non-Member \$110.00

Send your Registration Form, Waiver and Non-Refundable registration fee to:

Lost River Cycling
960 Broadway, Suite 420
Boise, ID 83706

Trip Space is limited- Reservations will be on a First Come-First Served basis. Registrations must be received by August 10. Reservations are transferable.



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SNELL or ANSI Approved Helmets Must Be Worn On All Tours

LOST RIVER CYCLING CLUB RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

1. In consideration of the acceptance of this entry and by signing this Release for myself (or for the participant if the participant is under 18) I agree to RELEASE, HOLD HARMLESS, and INDEMNIFY Lost River Cycling Club and all its sponsors, their respective officers, agents, members, employees and volunteers (collectively "the Released Club") and any and all Countries, States, Departments of Transportation, State Patrols, Counties, Townships and Cities through which this Tour may pass, and any other parties connected with this bicycle event including but not limited to elected and appointed officials and their employees for any injury, loss or damage suffered as a result of participation in this bicycle event or any activity associated with it, including injury, loss or damage caused by the NEGLIGENCE of any party.
2. I understand I might get seriously hurt and will not blame that injury on the Released Club as I attest that the proximate cause constituting greater portion of the fault than that of the Released Club for any injury I may suffer is my decision to participate in the event.
3. I understand that there are certain risks associated with bicycle riding, including the risk of serious personal injury or death caused by the negligence of others, and I expressly agree to assume these risks. I understand that it is not the function of the tour leaders or the Released Club to serve as guardians of my safety. I understand the route chosen may be challenging, not necessarily the safest or easiest route, and that weather, road or traffic conditions may make this ride more difficult. I warrant that I am in proper physical condition to participate in this event, that I am a sufficiently competent cyclist to handle the road conditions, and that my bicycle is in safe operating condition. I also understand that I am responsible for my own conduct and decisions while participating in a Lost River Cycling Club bicycle ride or in any non-bicycling optional activities. I agree to participate in a legal, safe and cooperative manner while on this tour.
4. I understand that wearing a helmet that meets the SNELL, or ANSI bicycle safety standards can minimize head injuries which may occur in a cycling accident and that Lost River Cycling Club requires all riders to wear helmets. I agree to wear a helmet while participating in this event and to follow the rules of the road and all applicable laws and safe bicycling practices. It is my sole responsibility to insure that my helmet meets SNELL, or ANSI standards and to wear my helmet while participating in this event.
5. I give permission to Lost River Cycling Club to use my image in any future Club materials should it appear in photos taken during this Tour.
6. I understand that this release is, and desire that it be, binding on my heirs and representatives.
7. Any legal action that may arise from my participation in this event will be handled in the state of Idaho according to Idaho State law.

Signature of Participant _____ Date _____

I hereby agree the Release is fully binding on my minor child. I also accept full responsibility for all medical expenses incurred as a result of the minor's participation. I agree to HOLD HARMLESS and INDEMNIFY the Released Club for any claims brought on behalf of the minor.

Signature of Parent/Guardian _____ Date _____
if Participant is under 18

Minor's Name (Print)