

BBA Annual Fundraiser CENTURY RIDE

25 mile loop
Complete
1, 2, 3 or 4



Registration Form



Name: _____

Address: _____

Cell: _____ Home Tel: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Number: _____



Sunday, Feb. 15th, 2009 | Start times: 6:30AM • 8:00AM • 9:30AM | Flagpole, Front Street, Hamilton

Registration fee: \$50 Cheques payable to Bermuda Bicycle Association

I the below signed, know that participating in and training for a cyclist event is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I also know that there will be a possibility of traffic on the course. I assume the risk of cycling in traffic. I also assume any and all risks associated with participating in this event including, but not limited to falls, contact with other participants, the effects of the weather and the condition of the roads, all such risks being known and appreciated by me. Furthermore I agree to yield to all emergency vehicles. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant no to sue, and waive and release and discharge any and all event sponsors, event officials, volunteers, contractors, local and state authorities, or anyone acting for or on their behalf from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

Participant's signature: _____ Age: _____

(Parent or guardian if under 18 years)

(If under 18 years)

Return registration form and fee to: Winner's Edge, Bicycle Works | Refreshments available at event

Proceeds to Registered Charity: Bermuda Bicycle Association #219, St. John Ambulance #114