



2015 SINCLAIR PACKWOOD MEMORIAL RACE  
SPONSORED BY HIGHLAND SPRING  
MAY 25, 2015

**REGISTRATION FORM**

*Note: Entry into this race is by invitation only. Entry forms will only be accepted for individuals who are on the qualification list held by the race directors.*

Race Organizers: Fiona Miller – 717-0814 – [msfee911@gmail.com](mailto:msfee911@gmail.com) Peter Dunne – 704-8614 – [president@bermudabicycle.org](mailto:president@bermudabicycle.org)

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**2015 Sinclair Packwood Memorial Race Registration**

**Name:** \_\_\_\_\_ **Team:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** Female/Male

**Fee Paid:** \$20 Adult / \$10 Junior

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**Application, Consent and Release**

I agree to comply with the Bermuda Bicycle Association rules and with the event instructions provided. In consideration of my participation in the 2015 Sinclair Packwood Memorial Race, I hereby waive, release and discharge for myself, my heirs and executors, the Bermuda Bicycle Association, the Bermuda Government, Butterfield & Vallis, Highland Spring, Bermuda Timing Systems, and any officials and volunteers, from any claims for damages for personal injuries or property damage or loss, incurred or sustained by me directly or indirectly during the event.

I understand and accept that my participation in this event carries a risk of personal injury, which may be caused by terrain and surface hazards, weather conditions, my physical condition, vehicular and pedestrian traffic, fixed or moving objects, equipment failure, volunteers and other participants in the event. I consent to receive medical treatment which may be deemed advisable in the event of injury, accident and /or illness during this event. I am over eighteen (18years) or am the parent / guardian of a minor competitor and I understand this consent and release.

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Signature of Competitor (or parent/guardian if under 18)

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Date