

2011 FALL FOLIAGE BIKE FESTIVAL REGISTRATION FORM

(One form per person - copy as needed)

Name: _____

Email: _____ (home preferred)

Address: _____

City/State/Zip: _____

Phone: Day: () _____ Evening: () _____

Age: _____ (Required if under 18)

Emergency Contact: Name: _____

Address: _____

Telephone: () _____

On Ride: Yes _____ No _____

How did you learn about the Fall Festival? _____

Type of Biking:	<u>ON-ROAD</u>	<u>ON-ROAD</u>	<u>GRAVEL ROADS</u>
<i>Please Check Appropriate Boxes</i>	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
	<input type="checkbox"/> Century		<input type="checkbox"/> Sunday

Accommodations:

- I will make reservations at a motel
- I will camp outside at Shelburne Middle School *
 *Please add \$10 weekend camping fee \$ _____
- I will sleep in Shelburne gym*
 *Please add \$10 for both nights \$ _____

Registration Fee:

<input type="checkbox"/>	Adult (over 18)	\$85	\$ _____
<input type="checkbox"/>	Family Friendly Discount:		
	Children 6-17	\$15	\$ _____
	Children 5 and under	FREE	_____
<input type="checkbox"/>	Non-Rider fee	\$35	\$ _____
<input type="checkbox"/>	Late Fee (after Sept. 30)	\$10	\$ _____
	WALK-IN LATE FEE	\$25	
<input type="checkbox"/>	XXL T-shirt	\$2	\$ _____
	TOTAL		\$ _____

No refunds for any reason after Sept. 30, 2011

- T-SHIRT SIZE: small medium large
- x-large xx-large (add \$2 additional)

IMPORTANT: Please READ and SIGN the release form and mail with your check to:

**Fall Foliage Bike Festival
P O Box 3267
Staunton, VA 24402**

Questions? fallbikefestival@comcast.net

Fall Festival Release and Assumption of Risk - Signature Necessary For Participation *

In consideration of my participation, I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors), any and all rights and/or claims which I have, may have or may hereafter accrue to me against the sponsors and promoters of the Fall Festival, or other sponsors or affiliated organizations and their respective agents, officers and employees for any and all damages, injuries or claims which may be sustained by me directly or indirectly arising out of my participation in the Fall Festival.

I, the undersigned, freely acknowledge and realize the dangers of participating in the Fall Foliage Bike Festival, hereafter known as the Fall Festival, and fully assume all risks including, but not limited to, collision with pedestrians, vehicles, other riders, and/or fixed or moving objects, the negligence of other riders, sponsors, promoters or drivers, and dangers arising from falls, road surface, equipment failures, inadequate safety equipment, weather conditions, as well as the possibility of physical and/or mental trauma (or injury). I understand that any route or activity chosen as a part of our outdoor adventure may not be the safest, but has been chosen for its interest or challenge. I understand that the route requires bicycling on public roadways and in bad weather and that cyclists have been hospitalized and/or killed because of traffic mishaps that are either their responsibility or others' responsibility. I further agree that I will bear all expenses incurred in any such accidents

I realize that the Fall Festival requires physical conditioning and represent that I am in sound medical condition. I have no physical or medical impediment, which would endanger myself or others. I understand and agree that a situation may arise during the Fall Festival which may be beyond the control of the sponsors, promoters or organizers and agree to ride so as not to endanger either myself or others.

I will wear a certified bike helmet when riding a bike during the Fall Festival. I will obey all Virginia traffic laws and regulations. I understand if I leave the route I am no longer on the ride. I agree that my photograph, video or voice may be used in promotion or advertising for Fall Foliage Bike Festival with no compensation due.

The above agreements and representations are my express understanding of the risks and I assume these voluntarily and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect. I accept the responsibility for the condition and adequacy of my bicycle and agree to abide by the rules of the Fall Festival relating to wearing a helmet, riding single file, wearing an identification tag as well as other organization requirements.

Dated this _____ day of _____, 2011

Signature : _____ *

Printed Name : _____

Parent/Guardian Release:

Everyone under eighteen (18) years of age must have the following completed.

I, as parent or guardian of the above named minor, hereby give my permission and consent voluntarily and freely for my child to participate in the Fall Festival. I further agree individually and on behalf o my child to the above terms after having read the "Fall Festival Release and Assumption of Risk."

Dated this _____ day of _____, 2011

Signature : _____ (parent or guardian) *

Printed Name : _____ (parent or guardian)