

Crater Lake Century 2009



REGISTRATION INFORMATION AND ENTRY FORM

August 15, 2009

Mail to:

Coldwell Banker Holman Premier Realty
Attn: Bill Haskins, Crater Lake Century
3815 South 6th St. – Ste. 110
Klamath Falls, OR 97603
1-877-552-6284

First Name: _____ Last Name: _____

Gender: Male: Female: Birthdate: ____ / ____ / ____ M/D/Y

E-mail Address: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____

Emergency Contact Phone #: (____) _____

Name of Tandem Partner: _____

Select Metric Century (62 Miles): @ \$40.00 each \$ _____

Route: Century (100 miles): @ \$40.00 each \$ _____

Tandem Riders – Metric Century @ \$75.00 each \$ _____

Tandem Riders – Century Ride @ \$75.00 each \$ _____

Small: Qty: _____ @ \$15.00 each \$ _____

Event Medium: Qty: _____ @ \$15.00 each \$ _____

T-Shirt Large: Qty: _____ @ \$15.00 each \$ _____

X-Large: Qty: _____ @ \$15.00 each \$ _____

XX-Large: Qty: _____ @ \$18.00 each \$ _____

1 BBQ ticket is included in your registration for Single Riders and
2 BBQ Tickets for Tandem Riders!

Extra BBQ tickets Qty: _____ @ \$10.00 each \$ _____

TOTAL \$ _____

Please make Checks payable to Coldwell Banker Holman Premier Realty and put 2009 Crater Lake Century on Memo Line

NO REFUNDS ALLOWED AFTER Friday, July 31, 2009

Please complete the **2009 ACCIDENT WAIVER AND RELEASE OF LIABILITY.**
All Participants MUST sign before you will be allowed to participate!

CRATER LAKE CENTURY - 2009
2009 ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS:

KLAMATH COUNTY CHAMBER OF COMMERCE, KLAMATH COUNTY MUSEUM, ALL EVENT SPONSORS AND VOLUNTEERS

their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand it's content.

PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

<u>PRINT NAME</u>	<u>AGE</u>	<u>SIGNATURE</u> If under 18 years old, parent or guardian must sign	<u>DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____