

# Coolidge Century REGISTRATION and WAIVER Form

Print this form and mail, with your payment to:  
GABA-Tucson - P.O. Box 43273 - Tucson, AZ 85733

ONE FORM PER RIDER (Please fill out all of the blanks.)

I am currently a GABA Member: ? YES / ? NO

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

Name of Ride: Coolidge Century

Date of Ride: February 23, 2003

Ride Leaders: Janet Landis and Suzanne Couvrette

FEE (MAKE CHECK PAYABLE TO GABA, INC. TUCSON):

GABA Member (\$15) \$ \_\_\_\_\_

Non-Member (\$20) \$ \_\_\_\_\_

Late Fee GABA Member (\$25) \$ \_\_\_\_\_

Late Fee Non-Member (\$30) \$ \_\_\_\_\_

Mileage Option:

100-Miles \_\_\_\_\_

60-Miles \_\_\_\_\_

## WAIVER, RELEASE & ASSUMPTION OF RISKS

Participation in this event requires use of ANSI-approved helmet. In consideration of the GABA, Inc. accepting my application for entry in the event named on the registration form, I hereby waive, release, and discharge GABA, its chapters, officers, event leaders, volunteers, organizers, sponsors, and participants from any and all claims for personal injury, property damage, or death resulting from my participation in this event. I realize are certain dangers inherent in the sport of cycling, and I assume these risks with the full understanding that serious injuries, even death may result from my participation in this event. I intend this release to discharge the above-named from any and all liability arising from or connected in any way with my participation in this event, even though that liability may result from the negligence or carelessness of the above-named. I certify that my bicycle is suitable for safe use in the event, that I am in good physical condition, and I am able to complete this event. I agree to wear an ANSI-approved helmet and to obey all traffic laws at all times during this event. I have read this waiver and release and fully understand its terms, and agree that it shall be binding on my heirs and assigns. I consent to emergency care if injured or ill.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Parent/Guardian Signature (If under 18) \_\_\_\_\_

ALL RIDERS UNDER 16 MUST BE ACCOMPANIED BY PARENT/GUARDIAN.