

**Mt Lemmon Hill Climb REGISTRATION and WAIVER Form**  
**Print this form and mail, with your payment to:**  
**GABA-Tucson - P.O. Box 43273 - Tucson, AZ 85733**

One form for each rider. Photocopies of this form are acceptable. Please fill out all of the blanks.

Date of Ride: Friday, May 5<sup>th</sup>, 2006  
Ride Leader: Steve Wilson, 870-5282 or [wilsons@us.ibm.com](mailto:wilsons@us.ibm.com)  
Starting Time: (Please circle)  
6AM            6:30AM            7AM            7:30AM

Fee (Make check payable to GABA, Inc. Tucson):  
Pre-registration Fee (\$7): \$ \_\_\_\_\_  
Day of event Fee (\$10): \$ \_\_\_\_\_  
  
Total Submitted \$ \_\_\_\_\_

I am currently a GABA Member: YES NO  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

**WAIVER, RELEASE & ASSUMPTION OF RISKS**

Participation in this event requires the use of a CPSC-certified helmet. In consideration of the Greater Arizona Bicycling Association, Inc. (GABA) accepting my application for entry into the event named on this 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 that there 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 this event, that I am in good physical condition, and that I am able to complete this event. I agree to wear a CPSC-certified helmet and to obey all traffic laws at all times during this event. I consent to emergency care if injured or ill. I have read this waiver and release and fully understand its terms, and agree that it shall be binding on my heirs and assigns.

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

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

Parent/Guardian Signature (If under 18) \_\_\_\_\_  
ALL RIDERS UNDER 16 MUST BE ACCOMPANIED BY PARENT/GUARDIAN.