

2003 – 23rd Grand Canyon to Mexico Bicycle Tour

**Print this form and mail, with your payment to:
GABA-Tucson - P.O. Box 40824 - Tucson, AZ 85733**

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

NAME _____
ADDRESS _____
CITY _____ STATE ____ ZIP _____
PHONE (____) _____
EMAIL: _____

Age: _____
No-Meat Meals (Yes/No) _____
Camping _____ Motel _____
Shirt Size: S M L XL XXL (Please Circle one)
Sock Size: S M L XL (Please Circle one)

GABA Registration Fee
Per Person \$450 _____
Postmarked before 2/28/03 and Arizona Resident Deduct \$25 _____
Postmarked before 7/1/03 Deduct \$25 _____
Postmarked after 8/31/03 Add \$50 _____
Bus and Bike Transportation
Phoenix to Tusayan (9/27/03) \$45 _____
Nogales to Phoenix (10/3/03) \$40 _____
Total Amount Enclosed \$ _____

Sorry NO Credit Cards Accepted & We Cannot Take Phone Registrations

If the Tour is full: Send my check back _____
Put me on a waiting list _____

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.