



**Tour de Poway Registration Form
Sunday, September 28th**

**Print page 1 & 2 of this form and mail or fax back.
A signature is required on waiver on page two**

Name		*Tandem partner	
Address			
City	State	Zip	Phone
Age	M/F	*TP Age	M/F
Email			
Emergency Contact Name & Phone #			

Please check all boxes that apply

TOUR DE POWAY REGISTRATION FEES		
<input type="checkbox"/> 100 Mile (Century) <input type="checkbox"/> 62 Mile (Metric Century) <input type="checkbox"/> 50 mile	\$65 Single / \$115 Tandem	\$
<input type="checkbox"/> 26 Mile <input type="checkbox"/> 18 Mile	\$55 Single / \$95 Tandem	\$
<input type="checkbox"/> Before August 1 st deduct - \$5		\$
<input type="checkbox"/> After September 20 th add \$10		\$
<input type="checkbox"/> Cycling Jersey \$65 full zipper, club cut, women order one size smaller, (\$70 after 8/31)		\$
<input type="checkbox"/> XXS <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL		
<input type="checkbox"/> T-shirt \$15 Add \$5 for XXL		\$
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		
<input type="checkbox"/> Barbeque Ticket \$15		\$
TOTAL (DO NOT SEND CASH)		\$
Pay by credit card or check payable to "TOUR DE POWAY" (NO REFUNDS)		
Name on Credit Card _____	Billing Address _____	Zip _____
Credit Card# _____	Exp. Date _____	CVC _____
Mail to: TOUR DE POWAY, P.O. BOX 1446, POWAY, CA 92074 or Fax: 858-683-2005		

SIGNATURE IS REQUIRED ON WAIVER & RELEASE ON PAGE TWO

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: Cycling Promotions West, All governmental entities, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers, and co-participants; (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 its content.

<u>PRINT NAME</u>	<u>AGE</u>	<u>SIGNATURE</u>	<u>DATE</u>
_____	_____	_____	_____
(Tandem Partner)			

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>	<u>DATE</u>
_____	_____	_____	_____
		If under 18 years old, parent or Guardian must sign	