

Kings Gap Climb Time Trial Registration Form

September 3, 2016 ❖ 8 - 11 AM

Sponsored by the Harrisburg Bicycle Club in association with Friends of Kings Gap
Proceeds benefit Friends of Kings Gap

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phones:(Home): (____) _____ - _____ (Cell): (____) _____ - _____

E-Mail: _____

Send Registration To:

c/o Mark Riordan
626 Copper Circle
Lewisberry PA 17339
Email:
Membership@HarrisburgBicycleClub.org

**Rain or Shine ❖ Helmets are required ❖ All bikes must have a free wheel rear hub FOR THE DESCENT
Bicycles must have two working brakes**

❖ **Age Category** (Check One) *Participants under the age of 16 must be accompanied by a responsible adult.*

___ Men 15 – 18 yr ___ Men 19 – 35 yr ___ Men 36 – 45 yr ___ Men 46 - 55 yr ___ Men 56 – 65 yr ___ Men 66 -75 yr

___ Men +75yr ___ Women 15 – 18 yr ___ Women 19 – 35 yr ___ Women 36 – 45 yr ___ Women 46 – 55 yr

___ Women 56 – 65 yr ___ Women 66 – 75 yr ___ Women +75 yr Tandem Rider _____

❖ **Registration:** *EARLY BIRD (with shirt) \$25 *NO SHIRT OPTION: \$15 (must be postmarked by 8/17).

*AUGUST 18- AUG 31) \$20 DAY OF EVENT \$25 ***LAST DAY TO ORDER SHIRT IS AUGUST 17

Make checks payable to Harrisburg Bicycle Club

❖ **Technical T-shirt:** _____ Small _____ Medium, _____ Large, _____ X-Large, _____ XX-Large

❖ **If the participant is under the age of 18, please complete the following information:**

Printed name of Parent or Guardian _____

Address: _____ City: _____ State: _____ Zip: _____ - _____

Phone: (____) _____ - _____ (Cell): (____) _____ - _____

❖ **Emergency Contact Information:**

Name of Contact: _____ Relationship to Participant: _____

Phone number: (____) _____ - _____

❖ **Release of Liability and Assumption of Risk**

In consideration for being permitted to participate in Harrisburg Bicycle Club ("HBC") sponsored Bicycling Activities ("Activities") I, for myself and my heirs and assigns:

Fully understand that:(a) **bicycling activities involve risks and dangers of serious bodily injury, including paralysis and death ("Risks")**; (b) these risks may be by my own actions, or inactions, **or the negligence of the HBC and League of American Bicyclists (LAB)**, their directors, officers, agents, volunteers, advertisers, sponsors, and if applicable, owners and lessors of premises which the bicycling activity takes place, (each considered one of the "Releases" herein); (c)there may be other risks and losses not readily foreseeable at this time; and **I fully accept and assume all such Risks** and all responsibility for losses, costs, and; **Hereby release**, and hold harmless, the Releases from all liability, claims, demands, losses or damages that may happen to me or my heirs caused by the negligence of the Releases. I further agree that if I, or anyone on my behalf, makes a claim against any of the Releases, I will pay any litigation expenses, attorney fees, or any cost which may occur as a result of such claim. I have read and fully understand this agreement, and I understand that I have given up substantial rights by signing it, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature _____

Date: _____

Parent's Signature _____

Date: _____

(If member is a minor, parent must also sign.)