

BIB # _____

Springtown Area Chamber of Commerce
9th Annual All American Bicycle Rally

Saturday, October 13, 2018— Registration begins at 7:00 a.m.

Springtown High School Multi-Purpose Parking Lot—915 W. Hwy. 199, Springtown, Texas 76082

RIDE STARTS AT 8:30 a.m. COURSE CLOSSES AT 2:00 p.m.

ROUTES AVAILABLE ONLINE @ bikereg.com. and www.springtownchamber.org

ENTRY FEE AND REGISTRATION FORM



This ride will be a rain or shine event with no refunds. A registration form must be completed for EACH RIDER. Register online at www.bikereg.com or fax to 817-523-3268. To get a group discount for 5 or more riders, call 817-220-7828 for a group code to register online.

First Name _____ **Last Name** _____

Address: _____ **City** _____ **State** _____ **Zip** _____ **Email:** _____

Rider's Cell # (____) _____ **Gender** M or F **Age** ____ **Emergency Contact Name:** _____ **Ph.** (____) _____

Vehicle Make: _____ **Vehicle Model:** _____ **License Plate #:** _____

T-Shirt Size: ____ Adult Small ____ Adult Medium ____ Adult Large ____ Adult XL ____ Adult XXL **Youth XL** ____ **Youth L** ____

(T-Shirts Guaranteed only to the first 250 riders registered)

Route Choice: ____ **6 Mile Family Ride** ____ **24 Mile** ____ **54 Mile** ____ **74 Mile**

____ **\$30.00 Single Rider until 10/12/18** ____ **\$35 Day of Event** ____ **\$25 Per Rider in Group Group Rates (for 5 or more)**

MAKE **CHECKS** PAYABLE TO: SPRINGTOWN AREA CHAMBER OF COMMERCE, P. O. Box 296, Springtown, Texas 76082

CREDIT CARD PAYMENT: ____ MC ____ Visa ____ Discover **Card #** _____ **Exp. Date:** _____ **CVV#** ____

Name on Credit Card: _____ **Billing Zip Code** _____ **Credit Card Payment Signature:** _____

CHECK/MONEY ORDER #: _____ **CASH** ____ **TOTAL AMOUNT PAID:** _____ **DATE REC'D:** _____

WAIVER: In consideration of accepting my registration, I, the undersigned, assume full and complete responsibility for any injury, accident or damage done to my person or party which may occur during my participation in the All American Bicycle Rally and Springtown Area Chamber of Commerce or while I am on the premises of this event: and hereby release and hold harmless the sponsors, promoters and all other persons or entities associated with this event from any and all injury, damage or expense suffered by me whether it be caused by my own negligence or any other and all entities associated with this event or events or employees or otherwise. In addition to the absolute and unqualified release from all liability, I hereby represent that I am physically capable of participating in this event, that my bicycle and other equipment I may use to participate in this event are in working order, that I observe all applicable traffic and event rules, that I will use a helmet and generally conduct myself in a safe and prudent manner while participating in the event and I hereby absolve and hold harmless all and any parties or entities associated with the All American Bicycle Rally and Springtown Chamber of Commerce from any damage I may sustain because of any breach of these representations. I hereby consent to and permit emergency treatment in the event of injury or illness while participating in this event. I also hereby give permission to the All American Bicycle Rally and Springtown Chamber of Commerce to use my name and any pictures/videos taken of me during the event in any promotional materials, publications or on the Internet.

Signature: _____ **Date:** _____ **Relationship (if signed by anyone other than Rider):** _____

Parent or Guardian must sign if entrant is **under 18** years of age **HOW DID YOU HEAR ABOUT OUR RIDE?** _____