

Registration Form

Please Print



May 23, 2010

Mass Start 8:00 a.m.

Tinman Circle, Topeka

Name _____

Address _____

City, State Zip _____

Phone _____

Email _____

Member \$25 _____
Non-Member \$30 _____
Membership & Ride \$35 _____
Sock Size _____
Additional Socks \$10 _____
Post mark after 5/12/10 \$ 5 _____
Total _____

Ride Lengths. Please circle
Short Ride 16mi*
Metric Century 62mi*
Full Century 100mi*
*All mileage is approximate

Sock Size	Women Shoe Size	Men Shoe Size
S	6-8	-
M	8.5-10.5	7-9
L	11-13	9.5-11.5
XL	-	12+

Capital Classic Waiver and Release of Liability

All applicants must read and agree.

I, the undersigned know that The Capital Classic ride is a potentially hazardous event and attend it out of my own free will and choice. In choosing to attend the Capital Classic and any related events, I fully accept and assume all risks, whether before, during or after Capital Classic and its related events. These include, without limitation, risks of physical injury, mental injury, emotional distress, trauma, death, contact with other participants, equipment failure, the effects of weather, traffic, contact with vehicular traffic, collisions with other riders or fixed objects, the conditions of the road, camping and participating in events along the route. I waive any and all specific notices of the existence of the risks. I realize that the Capital Classic requires physical conditioning and I represent that I am in sound medical condition capable of participating in the ride without risk to myself or others. I have no physical or medical impediment which would endanger myself or others.

I understand and agree that situations may arise during the Capital Classic which may be beyond the control of the sponsors, promoters or organizers. I will be solely responsible for the condition and adequacy of my bicycle, safety gear and riding equipment. I will ride safely within the limits of my own abilities, my equipment and the riding conditions and in a manner so as not to endanger either myself or others. Knowing these facts and in consideration of my entry acceptance, admissions to and/or participation in the Capital Classic and its related events, I for myself and anyone acting on my behalf release, waive, discharge, covenant not to sue and agree to the Capital Classic, its sponsors and participating clubs, support personnel, volunteers and their representatives, agents, insurers, insurance brokers, and successors of all of the above harmless from any and all claims, demands, and actions of any and every kind I have, may have or may hereafter accrue against the released parties directly or indirectly arising out of liability shall include, without limitation, any injury, damage, or loss to my person or property which may be (a) caused by any act, or failure to act, by the above-identified persons and entities or (b) sustained by me before, during or after the Capital Classic and its related events. I give my permission to Capital Classic to use my name, address, photograph, voice and/or likeness for any publicity an/or promotional purposes by Capital Classic, and its licensees without obligation or liability to me.

I agree to abide by all Capital Classic rules and regulations, including wearing an ANSI, SNELL or ASTM approved helmet at all times while on my bicycle. I further agree to indemnify and hold the parties released above harmless from any and all losses, damages, claims and expenses including attorney's fees, arising from or relating in any respect to my participation in the Capital Classic or its related events or my breach of this agreement. If I am a minor, my parent or guardian also is signing on my behalf and we both agree to be bound by the terms of this agreement, waiver and release. I have read this agreement, waiver and release and consent to its terms.

Signature _____

Date _____

Parents Signature if under 18 _____

Make checks payable to : Kaw Valley Bicycle Club

Mail form to: KVBC

Or pay online at www.kvbc.org

PO Box 44774

Contact: Andy Phillips 785-224-7393 or acphil16@yahoo.com

Topeka, KS 66604-0474

Alan Apel 785-267-5556 or alana11@mac.com