



MT BAKER BICYCLE CLUB

Presents

The Chuckanut Century

Benefiting

Whatcom Hospice Foundation

Sunday, September 20, 2009



Choose from
25, 50, 62, 100, or
124 mile routes
(Circle desired distance)

www.mtbakerbikeclub.org

REGISTRATION APPLICATION

(Use a separate form for each rider. Please print, fill out, and mail. All fields must be filled out. Please print legibly)

T-SHIRT Size (S) ___ (M) ___ (L) ___ (XL) ___

T-shirts guaranteed with early registration

Name _____ AGE _____ DATE _____
(First) (M.I.) (Last)

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Emergency Contact Name _____ Emergency Contact Phone _____

Entry Fee - \$35 postmarked by 09/05/09
\$40 after 09/05/09

Special Rate for Tandem Riders
Only **\$10** for stoker
(Please fill out separate form and attach)

\$5 Discount for MEMBERS
JOIN today

MAIL TO: Mount Baker Bicycle Club
PO Box 2702
Bellingham, WA 98227

Sorry, all payments are nonrefundable.

Entry Fee (35/40)	_____
Tandem (10)	_____
Club Membership (NEW/RENEW 15/25)	_____
NEW/RENEW Discount (-5)	_____
TOTAL AMOUNT ENCLOSED	_____
Make checks payable to Mount Baker Bicycle Club	

I have signed the release on the back of this application.

Mt Baker Bicycle Club Membership NEW RENEW

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ email: _____

Home Phone: _____ Work Phone: _____

Membership Type: Individual (\$15) Family/Associate (\$25) (There will be a \$20.00 fee for all returned checks)

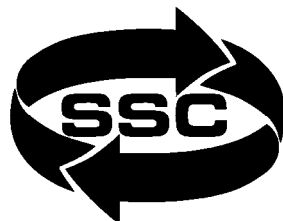
Family/Associate Member Name: _____

(An associate member can be any person living at the same address as the individual member)

What are your cycling interests? _____

THANKS TO OUR

SPONSORS



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GroupHealth

Mt Baker Bicycle Club Chuckanut Century 2009 RELEASE AGREEMENT

1. In consideration of the acceptance of this entry and by signing this Release for myself (or for the participant if the participant is under 18) I agree to RELEASE, HOLD HARMLESS, and INDEMNIFY Mt Baker Bicycle Club and all its sponsors, their respective officers, agents, members, employees and volunteers and any and all Countries, States, Departments of Transportation, State Patrols, Counties, Townships and Cities through which this Event may pass, and any other parties connected with this bicycle event including but not limited to elected and appointed officials and their employees for any injury, loss or damage suffered as a result of participation in this bicycle event or any activity associated with it, including injury, loss or damage caused by the NEGLIGENCE of any party.
2. I understand that there are certain risks associated with bicycle riding, including the risk of serious personal injury or death, and I expressly agree to assume these risks. I understand the route chosen may be challenging, not necessarily the safest or easiest route, and that weather, road or traffic conditions may make this ride more difficult. I warrant that I am in proper physical condition to participate in this event, that I am a sufficiently competent cyclist to handle the road conditions, and that my bicycle is in safe operating condition.
3. I understand that wearing a helmet that meets the CPSC, SNELL, ASTM or ANSI bicycle safety standards can minimize head injuries which may occur in a cycling accident, and that Mt Baker Bicycle Club requires all riders to wear helmets. I agree to wear a helmet while participating in this event and to follow the rules of the road and all applicable laws and safe bicycling practices. It is my sole responsibility to insure that my helmet meets CPSC, SNELL, ASTM or ANSI standards and to wear my helmet while participating in this event.
4. If I resell or transfer my Registration or Ride Number, I agree to HOLD HARMLESS AND INDEMNIFY Mt Baker Bicycle Club for any injury, loss or damage suffered as a result of the participation of the individual using my Registration or Ride Number unless that individual also signs this Release Agreement.
5. I give permission to Mt Baker Bicycle Club to use my image in any future Club materials should it appear in photos taken during this Event.
6. I understand that this Release is also binding on my heirs and representatives. If I am signing on behalf of a minor, I accept full responsibility for all medical expenses incurred as a result of the minor's participation. I agree to HOLD HARMLESS and INDEMNIFY the entities named above for any claims brought on behalf of the minor.
7. By registering, I agree to read and familiarize myself with the information in the registration materials and follow the procedures and rules. I will include check or money order (US Funds) payable to Mt Baker Bicycle Club.
8. Any legal action that may arise from my participation in this event will be handled in the state of Washington according to Washington State law.
9. Mt Baker Bicycle Club reserves the right to remove any participating rider from this event if said rider is deemed by an authorized Club agent to be endangering him/herself or other participants, or is riding illegally as defined by Washington State traffic law. Notwithstanding this clause, Mt Baker Bicycle Club is not responsible for cyclists not removed from the event for these or any other reason(s) and this clause shall in no way supersede, exempt participants from or otherwise nullify any other clause in this release agreement.

SIGNATURE _____ DATE _____
If you are under 18 see below

If you are under 18 you must fill out the form below and it must be carried with you on the ride on
September 20, 2009

DO NOT REMOVE THIS PORTION OF THE FORM
It will be given to you at check in to be carried on the ride.

Cyclist (minor) name _____
(first) (last)

I, the parent/guardian of the above named minor, do hereby authorize and consent to medical treatment deemed necessary and proper in the event that a delay in obtaining my consent at the time of treatment maybe detrimental to the well-being of said minor.

Printed Name of Parent/Guardian _____ Parent/Guardian Signature _____ Phone _____



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Brewery
& Bistro

