

2008 MAY MADNESS REGISTRATION



Name (print) _____

Address _____

City _____ State _____ Zip _____

Phone _____

Ride Entry Fee

	# each	
Adult Rider before May 3rd	<input type="text"/>	x \$10.00 _____
Adult Rider on/after May 3	<input type="text"/>	x \$15.00 _____
Under 12	<input type="text"/>	x \$3.00 _____
Sub-total, \$ Entry Fee		<input type="text"/>

T-shirt Fee

Sizes, # each				
S	M	L	XL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	x \$12.00 (before May 3) _____
				x \$15.00 (on/after May 3) _____
Sub-total, \$ T-Shirt Fee				<input type="text"/>

GRAND TOTAL (Entry + T-shirts)

Make Checks payable to 3 Rivers Velo Sport, Mail Registration form with Fees & signed waiver to: 3RVS PO Box 11391 Ft.Wayne, IN 46857-1391.
 Questions?? E-Mail: 08madness@3rvs.com.



Note: For your safety, all riders MUST wear a helmet.

You must complete the Accident Waiver and Release of Liability, which is on the reverse side of this form
**** You must complete BOTH sides of this Registration Form ****



ROANOKE ELEMENTARY SCHOOL
423 WEST VINE ST
ROANOKE, INDIANA 46783

SPONSORED BY
3 RIVERS VELO SPORT

- DETAILED ROUTE MAP
- REST STOPS WITH SNACKS
- ROVING SUPPORT VEHICLE
- DISTANCE TO SUIT ABILITIES
- MARKED, LOW TRAFFIC, SCENIC ROUTES

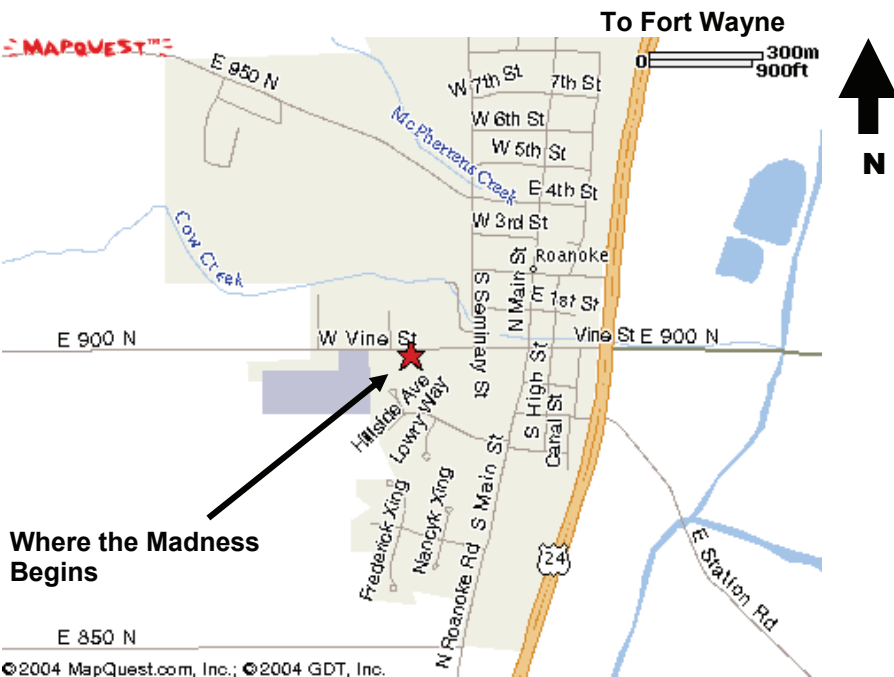
May Madness Bicycle Tour, Sunday May 18, 2008

The Route: This is a scenic tour of Huntington County from Roanoke to Huntington and beyond. Choose from routes of 14, 32 and 54 miles. Maps are provided. A support vehicle will roam the routes to assist riders with mechanical problems. All routes start and finish at Roanoke Elementary School & follow low traffic paved secondary roads through the towns of Roanoke and Huntington. The route has ever changing. Scenery includes an iron trestle bridge, riding along the Wabash River, crossing Huntington Reservoir and riding roller coasters with one "big hill" to finish the ride.

The Location: Roanoke Elementary School 423 West Vine St. Roanoke, IN 46783 (1/2 mile west of the light at Highway 24. If traveling on I-469, 69 take the Lafayette Center Rd Exit.)

The Time: Registration at Roanoke Elementary is between the hours of 8:00 AM and 9:30AM. The food stop at Huntington will open at 9:00AM. All riders should begin by 10:00. Please select a distance you can completed by 2:30PM, when support services will end.

The Entry Fee: The entry fee include snacks at all the SAG stops, roving sags, well marked routes, map and fanny flag. If you would like to be assured of getting a T-Shirt, pre-order one with your advanced registration. We will have a few for the day of the ride, but can't guarantee your size will be there unless you pre-order. For more information about the 3RVS bike club visit our website at 3RVS.com, pick up a brochure at your local bicycle shop or ask one of the friendly volunteers at the ride.



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 and/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 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 including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: **3 Rivers Velo Sport, Inc. P.O. Box 11391 Fort Wayne, IN 46875-1391**, their directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether cause by negligence of releases or otherwise.

I hereby consent to receive medical treatment that 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 assigns. The Accident Waiver and Release of Liability 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 it's content.

Print Participant's Name: _____ **Age:** _____

Signature: _____ **Date:** _____

If under 18, then Parent or guardian must also sign

PARENT OR GURADIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural 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.

Print Participant's Name: _____ **Age:** _____

Signature of Parent/Guardian: _____

Date: _____