



>> **SPRING CENTURY OPTIONS**
 >> **8,000 FEET OF CLIMB**
 >> **2 DAYS OF CYCLING**

THE
43RD
RIDE

See you **JUNE**
13 & 14

REGISTRATION FORM

1 CONTACT INFORMATION Please print clearly. Use only one form per person

First name	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address			
City	State	Zip	
Phone ()	Email address		
My home cycling club:			

2 REGISTRATION FEES AND ROUTE OPTIONS Note fee deadlines. Mailed registrations must be received by June 5, 2020.

QCBC member? <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • Military Discount (active & veterans) * • Riders 25 years old & younger on ride day * • QCBC Member • Register December 1 through March 15 • Register March 16 through June 8 • Register at packet pickup <i>Select all discounts that apply to you. All discounts end on June 8, 2020.</i>	\$5 off	
Ridden TOMRV before? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5 off	
Number of previous TOMRV's ridden:		\$5 off	
Age on ride day:		\$80	
	\$95		
	\$110		
Check route option <input type="checkbox"/> Goose Lake (74/52 miles) <input type="checkbox"/> Bettendorf (106/90 miles)	<input type="checkbox"/> Camping at Goose Lake Friday night. <input type="checkbox"/> Camping at Scott Friday night.	<i>Your luggage tag will indicate where you will pick up your bags on Sunday after the ride ie Bettendorf or Goose Lake.</i>	

TOMRV T-shirt <small>Indicate size</small>	XS	S	M	L	XL	XXL		FREE
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3 OFFERINGS FOR SATURDAY NIGHT ACCOMMODATIONS

<input type="checkbox"/> Made other arrangements, or staying in a room another rider has booked	\$0	
<input type="checkbox"/> Camping at Clarke <small>Towels are not furnished, please remember to pack one!</small>	\$11	
<input type="checkbox"/> Sleeping bag space at Clarke in air conditioned dorm area	\$22	
<input type="checkbox"/> Single dorm room at Clarke (1 single bed)	\$48	
<input type="checkbox"/> Double dorm room at Clarke (2 single beds)	\$80	

4 ADDITIONAL ITEMS FOR PURCHASE Indicate size and preference for men's or women's jersey. Jersey orders must be postmarked by April 1, 2020.

<input type="checkbox"/> Short Sleeve Jersey <input type="checkbox"/> Men's <input type="checkbox"/> Women's	S	M	L	XL	XXL	XXXL	\$58	
<input type="checkbox"/> Sleeveless Jersey <input type="checkbox"/> Men's <input type="checkbox"/> Women's	S	M	L	XL	XXL	XXXL	\$58	
<input type="checkbox"/> Additional TOMRV T-shirt	XS	S	M	L	XL	XXL	\$10	
<input type="checkbox"/> TOMRV Patch							\$5	
<input type="checkbox"/> Saturday-only riders, transportation on Sunday morning back to your starting point. <small>Pending seat availability.</small>							\$25	
<input type="checkbox"/> Saturday dinner ticket for guest(s).							\$20	

5 Please make all checks payable to: **Quad Cities Bicycle Club**
 Mail to: **Cindy Bottrell, 2701 Harmony Dr. Bettendorf, IA 52722**

TOTAL DUE (includes Iowa sales tax) \$



QUAD CITIES BICYCLE CLUB TOMRV WAIVER

I acknowledge that participation in this QCBC Event (hereafter referred to as the 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 roads, highways and trails, condition of participants, 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 the riders, 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 highways, equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I agree to obey all traffic laws of the hosting state and to wear an approved helmet while cycling in this event. 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: Quad Cities Bicycle Club, its directors, officers, employees, volunteers, representatives, ride leaders, and agents, the Event holders, Event sponsors, Event volunteers and all state, county, and municipal agencies responsible for maintenance of the highways, trails upon the Event itinerary (hereafter referred to as Releasees); and (B) Indemnify and Hold Harmless the entities and persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this Event, whether caused by the negligence of Releasees or otherwise.

I hereby consent to receive medical treatment which 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 organizations 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 have read this release, understand its content, and agree to its terms.](#)

Parent or legal guardian must sign for, accompany, and be responsible for all persons under the age of 18:

I authorize emergency medical treatment for the minor registering and I accept full responsibility for all medical expenses incurred as a result of the minor's participation/volunteering in any event. I hereby RELEASE from any liability, and agree to HOLD HARMLESS and INDEMNIFY Quad Cities Bicycle Club plus each and all entities or persons referred to above by me, another parent, grandparent, relative or legal guardian for liability, including injury, loss or damage caused by the negligence, unintentional acts of omission of any party, and any loss or expense, which may arise from the minor's participation in any event. I hereby further agree to INDEMNIFY Quad Cities Bicycle Club plus each and all entities or persons referred to above from any future claim of liability by the minor named below.

I further state that I am of lawful age, a parent or legal guardian of the minor authorized to sign this waiver & release, and this Addendum and legally competent to waive and release Addendum. I understand that the terms of this document are contractual and not merely recital, and have signed this document of my own free act.

[I have read this release, understand its content, and agree to its terms.](#)

Print Participant's Name

Age

Participant Signature

Date

Name of Adult Rider Accompanying Minor

Age

Participant or Guardian Signature

Date