



Mount Baker Bicycle Club

presents

The Chuckanut Classic

Sunday, August 25, 2019

Registration
for
10-mile
easy guided family ride

www.ChuckanutClassic.org

REGISTRATION APPLICATION for 10 mile Guided Family Ride

Family Registration includes one adult and up to 3 children. All children must be registered to ride with an adult. Print, complete fields, and mail with payment. All fields must be filled out. Please print legibly. Fill out separate form for individual adult signups. Guided Family Riders leave together at 10:30 am from Boundary Bay Brewery. Ride ends back at Boundary Bay at approx 12:30 pm.

Adult Name _____ Age _____ Date _____
(first) (last) (on 8/25/2019)

Child Name _____ Age _____
(first) (last) (on 8/25/2019)

Child Name _____ Age _____
(first) (last) (on 8/25/2019)

Child Name _____ Age _____
(first) (last) (on 8/25/2019)

Mailing Address _____

City _____ State/Province _____ Postal Code _____

Email _____ Phone _____

Emergency contact name _____ Emergency contact phone _____

Entry Fee: Family - \$20
Individual Adult - \$10

Mail to: Mount Baker Bicycle Club
 PO Box 2702
 Bellingham, WA 98227

sorry; all payments are nonrefundable.

Family (\$20)	_____
Individual Adult (\$10)	_____
Donation to Our TreeHouse (optional)	_____
TOTAL AMOUNT ENCLOSED	_____
Make checks payable to Mount Baker Bicycle Club	

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



Mount Baker Bicycle Club Chuckanut Classic 2019 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 Mount 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 Mount 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 Mount 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 Mount 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. Mount 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, Mount 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 _____

For children under 18, parent/guardian must fill out the form below in addition to above.

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

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

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

I, the parent/guardian of the above named minor(s), 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 may be detrimental to the well-being of said minor(s).

Printed Name of Parent/Guardian

Parent/Guardian Signature

Phone
