



proudly presents the 36th Annual

# RIDE AROUND CLARK COUNTY

## Saturday July 27, 2019

Sign up at [www.vbc-usa.com](http://www.vbc-usa.com) or use this form

### Registration Form (One person per form)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_ (Not 911)

Prices include the after-ride finish celebration and your meal and beverage. Riders are encouraged to have friends and family join them at the finish. Additional meals can be purchased below or on-site. Free youth (12 & under) rides do not include meals.

**Adult**  34  54  68  100-mile before June 1 \$60.00 \_\_\_\_\_  
Price increases to \$70 on June 1 (Day of \$75)

**Adult 20-mile** before June 1 \$40.00 \_\_\_\_\_  
Price increases to \$50 on June 1 (Day of \$55)

**Youth (13 to 17)**  20  34  54  68  100-mile before June 1 \$30.00 \_\_\_\_\_  
(Must be accompanied by PAID parent/guardian)  
Price increases to \$40 on June 1 (Day of \$40)

**Youth (12 & under)**  20  34  54  68  100-mile Free \_\_\_\_\_  
(Must be accompanied by PAID parent/guardian)

**Additional Meal(s)** for guest(s) or youth \_\_\_\_\_ Meals x \$10.00 \_\_\_\_\_

**VBC Member Discount** - \$10.00 \_\_\_\_\_

Want to become a member? Go to [www.vbc-usa.com](http://www.vbc-usa.com) and click **JOIN NOW**

Print the form and enclose it here or join online and then register after to save immediately!

**Dialed Cycling / PWTC / Portland Velo / Salem Bicycle Club Discount** - \$5.00 \_\_\_\_\_

**Total enclosed (No refunds)** \_\_\_\_\_

**Please send form and check (payable to Vancouver Bicycle Club) to:**

RACC  
P.O. BOX 1456  
Vancouver, WA 98668

**Please read and sign waiver(s) on next page (Required)**

## Vancouver Bicycle Club Waiver and Release (18 years of age and older)

In consideration of being permitted to participate in the Vancouver Bicycle Club's Ride Around Clark County I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. Acknowledge, agree, and represent that I understand the nature of bicycling activities and that I am qualified, in good health, and in proper physical condition to participate in such activity. I further acknowledge that the activity will be conducted over public roads and facilities open to the public during the activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.

2. Fully understand that (a) bicycling activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death; (b) these risks and dangers may be caused by my own actions or inactions, the action or inactions of others participating in the activity, the conditions in which the activity takes place, or the negligence of the "Releasees" named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of my participation in the activity.

3. Hereby release, discharge, and covenant not to sue the Vancouver Bicycle Club, its respective administrators, directors, agents, officers, members, volunteers, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations. And, I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone of my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

4. Understand that bicycle helmets, that meet or exceed current US CPSC standards, are required to participate in this event and I agree to wear a helmet while participating and agree to follow the rules of the road, all applicable laws and safe bicycling practices. I also understand that the VBC is a gun-free zone and agree to leave firearms at home.

I am 18 years of age or older, have read and understand the terms of this agreement, understand that I am giving up substantial rights by signing this agreement, have signed it voluntarily and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Participant's Name (Printed): \_\_\_\_\_

Participant's Signature (only if 18 or over): X \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### Minor Release - (Complete for Participants Under the Age of 18)

I, the minor's parent and/or guardian, understand the nature of bicycle activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity, I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations and further agree that if despite this release, I the minor, or anyone on the minor's behalf makes a claim against any of the Releasees named above, I will indemnify, save, and hold harmless each of the Releasees from any litigation expense, attorney fees, loss, liability, damage, or cost any may incur as the result of any such claim.

Minor's Name (Printed): \_\_\_\_\_

Minor's Signature: X \_\_\_\_\_

Parent / Legal Guardian Name (Printed): \_\_\_\_\_

Parent / Legal Guardian Signature: X \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_