



Gran Couva MTB RACE

15th May 2016

Pay Registration on Race Day

Start time 7:00 AM

email completed forms to centralspokescycleclub@gmail.com

ENTRY FORM		
NAME	M F	YEAR OF BIRTH
CLUB		
TEL	E-MAIL	
RACE CATEGORY <input type="checkbox"/> OPEN 1 (12 LAPS) \$100 <input type="checkbox"/> OPEN 2 (6 LAPS) \$100 <input type="checkbox"/> YOUTH DEVELOPMENT KIDS (AGE CATEGORIES U13) \$20		
AGE DIVISION <input type="checkbox"/> ELITE 19+ <input type="checkbox"/> MASTERS 40-49 <input type="checkbox"/> MASTERS 50-59 & 60+ <input type="checkbox"/> JUNIORS 17-18 <input type="checkbox"/> JUVENILES 15-16 <input type="checkbox"/> TINYMITES 13-14 <input type="checkbox"/> YD KIDS <13		
FOR OFFICIAL USE ONLY	REGISTRATION PAYMENT \$	BIB NUMBER

WAIVER / DECLARATION Having registered above, I the undersigned, intending to be legally bound hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the organizers of the event, the property owners, TTCF and all sponsors and their representatives, successors and assignees for any injuries (including death) suffered by me in this event, including pre and post race activities. I grant full permission to the organizers and sponsors to use any photographs, video recording and other record of this event for any legitimate purpose. Further I shall ride with care and attention and will obey the rules of TTCF, the organizers and the marshals. All information on the entry sheet is true. If I am caught providing incorrect information I agree to be disqualified from the event. **ALL CYCLISTS (OR LEGAL GUARDIANS OF CYCLISTS UNDER 18) MUST SIGN THIS FORM IN AGREEMENT WITH THIS WIAVER**

CYCLIST SIGNATURE: _____