

Tom Mix Century REGISTRATION and WAIVER Form
Print this form and mail, with your payment to:
GABA-Tucson - P.O. Box 43273 - Tucson, AZ 85733

One form for each rider. Photocopies of this form are acceptable. Please fill out all of the blanks.

Date of Ride: Sunday, November 6th, 2005
 Ride Leader: Dorothy Barth, (520) 323-7203, (520) 349-5932, or dorothybarth2443@msn.com

Option chosen: (Please circle)

- Option #1 50 miles
- Option #2 100 miles

All options start at Ina & Oldfather Rd.

Fee (Make check payable to GABA, Inc. Tucson):

<u>Pre-registration:</u>	
GABA/ABC Member (\$15)	\$ _____
Non-Member (\$20)	\$ _____
<u>Day of event fees:</u>	
GABA/ABC Member (\$25)	\$ _____
Non-Member (\$30)	\$ _____
Total Submitted	\$ _____

I am currently a GABA Member: YES NO

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (____) _____ EMAIL _____

WAIVER, RELEASE & ASSUMPTION OF RISKS

Participation in this event requires the use of a CPSC-certified helmet. In consideration of the Greater Arizona Bicycling Association, Inc. (GABA) accepting my application for entry into the event named on this form, I hereby waive, release, and discharge GABA, its chapters, officers, event leaders, volunteers, organizers, sponsors, and participants from any and all claims for personal injury, property damage, or death resulting from my participation in this event. I realize that there are certain dangers inherent in the sport of cycling, and I assume these risks with the full understanding that serious injuries, even death may result from my participation in this event. I intend this release to discharge the above-named from any and all liability arising from or connected in any way with my participation in this event, even though that liability may result from the negligence or carelessness of the above-named. I certify that my bicycle is suitable for safe use in this event, that I am in good physical condition, and that I am able to complete this event. I agree to wear a CPSC-certified helmet and to obey all traffic laws at all times during this event. I consent to emergency care if injured or ill. I have read this waiver and release and fully understand its terms, and agree that it shall be binding on my heirs and assigns.

Signature _____ Date _____

Print Name _____

Parent/Guardian Signature (If under 18) _____

ALL RIDERS UNDER 16 MUST BE ACCOMPANIED BY PARENT/GUARDIAN.