

# Picacho 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 PER RIDER (Please fill out all of the blanks.)

I am currently a GABA Member:  YES  NO

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Date of Ride: Sunday, February 10, 2008

Ride Leader: Dorothy Barth, [centuries@bikegaba.org](mailto:centuries@bikegaba.org)

All options must sign in at Cortaro & Silverbell FIRST, then drive to specific starting points.

FEE (MAKE CHECK PAYABLE TO GABA, INC. TUCSON):

GABA Member (\$20)	\$ _____
Non-Member (\$25)	\$ _____
Day of Ride Fee GABA Member (\$30)	\$ _____
Day of Ride Fee Non-Member (\$35)	\$ _____
Total Money enclosed	\$ _____

Mileage Option:

100-Miles	_____	65-Miles	_____
35-Miles	_____	15-Miles	_____

## 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.