

2015 ABC Ride Registration Form

Absolutely Beautiful Country Ride - Sunday, July 12, 2015

Please complete and bring to the registration area the day of the ride.

Make Checks Payable to: Akron Bicycle Club

Last Name:	First	Name:		Age:
Address Line1:			Address Line 2:	
City:		State:	Zip:	
Cell Phone:	Emai	il:		
Emergency Contact Name:	· · · · · · · · · · · · · · · · · · ·		Phone:	

Route Selection, Membership and Payment

15 Mile Family Fun Route	Includes an additional Adult and up	to 3 children less than 18
Adult Name:		Age:
Child Name:		Age:
Child Name:		Age:
Child Name:		Age:

Join ABC Today and Receive \$5 Discount on Registration	Same Day Fee	New Member Discount
15 Mile Family Fun Route	\$40	\$35
25 Mile Route	\$30	\$25
50, 62, 100 Mile Route	\$35	\$30

New or Renewing Member: (Add to Ride	Individual: \$15	Family: \$18
Fee) You will receive access to the website to complete the registration process after the ride via email. Add to the total ride fee		

For Registration Staff Use			
Wrist Number	Total Due	Check Number (if applicable)	
Cash	🗌 Paypal	Check	

Please Read and sign the Assumption of Risk Agreement and Liability Release.

I wish to participate in the 2015 ABC Ride. In signing this release for myself or the named entrant (where the entrant is under age 18), I understand the intent of this release and agree to and will discharge, release, absolve, and hold harmless the Akron Bicycle Club, its officers, volunteers and ride leaders any other parties connected with this event in any way whatsoever, jointly or severally, from and against any and all blame or liability for any injury, misadventure, harm, loss, inconvenience, or damage sustained as a result of taking part in this event or in any activities associated therewith. In the case of minor entrant, I hereby agree to indemnify and hold harmless the above-mentioned parties, jointly and severally, for any claims for injury, misadventure, harm, loss, inconvenience or damages which said minor may sustain by virtue of his or her participation in this event or injury or illness sustained as a result of taking part in this executed therewith. I also consent to and permit emergency medical treatment in the event of injury or illness sustained as a result. I have the age of bicycling at stake when I ride with the Akron Bicycle Club, but also the lives and personal safety of myself or other riders. I shall heed traffic laws and regulations, practice courtesy and safety in cycling and help make this ride the enjoyable event that it is intended to be. Children under the age of 18 years of age are required to be accompanied by parent or responsible adult at all times on this ride.

Entrant signature:	Date:
Parent/Guardian Signature:	
If Entrant is under 18 years of age:	