

2011 RAIN Registration Form

Complete & sign 1 form per rider. Mail with check to RAIN c/o BBC, PO Box 463, Bloomington, IN 47402-0463

First Name: _____ Last Name: _____

First Time Rider (yes/no)? _____ Gender (M/F): _____ Age on Start Date: _____

Lunch is included in registration fee. **Select one option:** Chicken _____ Pork _____ Veggie _____

Each rider receives a free pair of cycling socks. **Select a size:** small/medium _____ large/extra large _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Emergency Contact: _____ Emergency Phone: _____

Ride Fee: **\$50** per rider (\$45 for online registration at www.rainride.org) \$ _____

After June 15th add \$10 late registration fee \$ _____

Men's Jersey \$65: Sm _____ Med _____ Lrg _____ XL _____ 2XL _____ \$ _____

Women's Jersey \$65: Sm _____ Med _____ Lrg _____ XL _____ 2XL _____ \$ _____

RAIN Caps (adjustable one size): white/blue _____ OR white/gold _____ at **\$12** each \$ _____

Additional lunch tickets for crew members **Indicate number of tickets next to each meal preference.:**

Chicken _____ Pork _____ Veggie _____ at **\$5** each \$ _____

Registration fees and merchandise sales are non-refundable. Grand Total: \$ _____

RELEASE, THIS MUST BE SIGNED!

I the undersigned freely acknowledge and realize the dangers of participation in RAIN and fully assume all risks including, but not limited to, collision with pedestrians, vehicles, other riders, and/or fixed or moving vehicles, sponsors, promoters, or drivers, and dangers arising from falls, road surface, equipment failure, inadequate safety equipment, weather conditions, as well as the possibility of physical and mental trauma. I understand that the route requires bicycling on public roadways and in bad weather and that cyclists have been hospitalized and/or killed because of traffic mishaps that are either their responsibility or others responsibility and I further agree that I will bear all expenses incurred in any such accidents.

I realize that RAIN requires physical conditioning and I represent that I am in sound medical condition. I have no physical or medical impediments that would create a hazard during the ride. I understand and agree that a situation may arise during RAIN that may be beyond the control of the sponsors, promoters, or organizers and agree to ride so as not to endanger myself or others. I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors), any and all rights and/or claims which I have, may have or may hereafter accrue to me against the sponsors and promoters of RAIN including the Bloomington Bicycle Club, Plainfield Middle School, Franklin Township Middle School, Dunreith Fire Department, and Earlham College, or their sponsors or affiliated organizations and their respective agents, officers, and employees for any and all damages, injuries or claims which may be sustained by me indirectly arising out of my participation in RAIN. The above agreements and representations are my express understandings of the risks and I assume these voluntarily and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect. I accept responsibility for the condition and adequacy of my bicycle, will wear a helmet as required, and will carry water and personal identification at all times, agree to follow all traffic laws, and abide by rules established by the ride organizers.

Sign and date below, or in the case of a minor, the parent/legal guardian must sign and date.

If not properly signed, your entry will be returned.

Signed (guardian if under 18): _____ **Date:** _____