Wine Valley Cycle for Sight
Rotary Ride for Veterans

Register online www.cycle4sight.com

Please complete the entire registration, sign it and return with check payable to "Rotary Bike Event" mailed to Rotary Bike Event, 780 Trancas St., Napa CA 94558. Do not mail after April 12, 2012.

Last Name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

First Name |_|_|_|_|_|_|_|_|_|_|_|

Address |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

City |_|_|_|_|_|_|_|_|_|_|_|

State |_|_|

Zip Code |_|_|_|_|_|

Phone Number |_|_|_|-|_|_|-|_|_|_|_|

Email Address |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Date of Birth Month/Day/Year |_|_|/|_|_|/|_|_|

Age on 4/21/12 |_|_|

Anticipated Route
❑ 50 miles ❑ 25 miles ❑ 15 miles

T-Shirt Size
❑ S ❑ M ❑ L ❑ XL ❑ XXL

Sex
❑ M ❑ F

Emergency Contact

Name _____ Phone Number _____

Event Fees (Enter each appropriate amount)

Pedal of Honor Package	$100	$ _____
Early Registration (Before March 19, 2012)	$55	$ _____
Late Registration (On or after March 19, 2012)	$65	$ _____
Youth Registration (under 21 yrs)	$25	$ _____
Extra Festival Ticket(s)	_____ x $30	$ _____
Additional Donation or Pledges		$ _____
	TOTAL	$ _____

WAIVER AND RELEASE OF LIABILITY

As consideration for being permitted by the Napa Rotary Club and the cities and county in which this event is conducted (herein collectively referred to as "Promoters and Sponsors") to participate in the Cycle for Sight and Rotary Ride, I hereby waive, release and discharge the Promoters and Sponsors from any and all liability claims on account of my death, personal injury, property damage, property theft or claims of any kind which may hereafter accrue to me by reason of my participation in this event. I further agree to indemnify and hold harmless the Promoters and Sponsors from any liabilities and claims made by other individuals or entities as a result of my participation in this event, my carelessness or negligence while participating in the event, or arising from an inaccuracy in any of the representations made by me in this Waiver and Release of Liability.

ASSUMPTION OF RISK: I am aware that participation in this event is a strenuous and potentially dangerous activity. I am also aware that participation in this event carries with it certain risks including, but not limited to, those caused by terrain, road conditions, facilities, temperature, weather, condition of other participants, equipment, vehicular traffic, lack of hydration, and the acts or omissions of other people, including, but not limited to, participants, volunteers, spectators, event officials, event monitors and the Promoters or Sponsors. With knowledge of the risk involved, I hereby agree to accept any and all risks of injury or death associated with my participation in this event.

I represent that I am physically fit and have sufficiently trained for this event. I understand that I must where a helmet at all times and obey all traffic laws. I consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the Promoters and Sponsors and/or their assigns.

I hereby certify that I have read this Waiver and Release of Liability and I understand its content.

Print Rider Name _____ Age _____ Print Parent/Guardian Name _____

Signature of Rider or Parent/Guardian _____ Date _____

(If entrant is under 18 years of age, a parent or guardian must read and sign this waiver.)