

TRI-COUNTY HILL HOPPER — SUNDAY, FEB. 22, 2009 @ 8 AM

Registration form and payment must be received by **Monday, Feb. 16, 2009**. Checks should be made payable to:

*Family Support Network Collaborative
4008 Culpepper Drive
Bryan, Texas 77801-3901*

Rider's Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

E-mail: _____ **Route:** 20 36 67 **T-shirt size:** S M L XL

I fully realize the dangers of participating in a bicycle ride and fully assume the risks associated with such participation including, and by way of example and not limitation, the following: The danger of collision with pedestrians, other riders, vehicles, animals, and fixed or moving objects; the danger arising from surface hazards, equipment failure, inadequate safety equipment and weather conditions; the possibility of serious physical and/or mental trauma or injury associated with organized cycling. I hereby waive, release and discharge for myself, my heirs, executors, administrators, legal representatives, assigns, and successors in interest any and all rights and claims which I have or which may hereafter accrue to me against the sponsors of this event, the organizers and any Event Partners or promoting organizations, property owners, law enforcement agencies, all public entities, and special districts, through or by which the event will be held for any and all damages which may be sustained by me directly or indirectly in connection with the event, or travel to or from the event. I accept full responsibility for payment of all medical costs incurred which are due directly or indirectly to my participation in, or travel to and from the event. I agree it is my sole responsibility to be familiar with the ride course and special regulations of the event. I understand and agree that situations may arise during the ride that may be beyond the immediate control of the ride officials or organizers and I must continually ride as to neither endanger myself or others. I accept responsibility for the conditions and adequacy of my equipment. I will wear an ANSI or Snell approved safety helmet in good condition. I will not wear headphones. I have no physical or mental condition that, to my knowledge, would endanger myself or others if I participate in this event, or would interfere with my ability to participate in this event. I agree to allow the Family Support Network to use any photos taken during the ride for promotional purposes.

Rider's Signature (or Guardian if under 18): _____ **Date:** _____