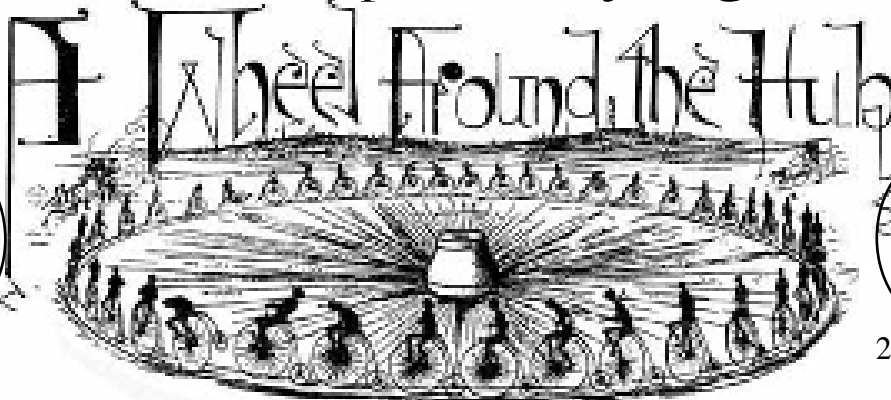


The Great Smethport, PA Cycling Races



53
MILE

7 Circuits

15
MILE

2 Circuits

Race day
Registration open
10AM-11:45 AM.

2014 Bike Race Entry Form

Race is Benefit for the Smethport Volunteer Fire Department Fire Police

IMPORTANT: you may also
register online at
www.bikereg.com
search word: Smethport

SAT, SEP 13, 2014 12 Noon Start
START: McKean County Courthouse, Route 6, Smethport, PA

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Pre-registration mail-in postmark deadline: SAT SEPT 6, 2014 Entries received after this date add \$5.

Timely registration guarantees T-Shirt.

7.5 MILE 1 CIRCUIT Junior Mountain Bike Class \$10.00 ages 12-13; 14-15; 16-17 only (only modification allowed is slick tires.)
 53 MILE 7 CIRCUIT \$45.00 15 MILE 2 CIRCUIT Fun Race \$35.00
 ___ Male ___ Female Age _____ Date of Birth _____ S / M / L / XL / XXL (Circle T-shirt size)
 First Name _____ Last Name _____ MI _____
 Street Address _____
 City _____ State _____ Zip _____ Age Groups: Male and Female
 Cycling Team _____ 19 & under, 20-29, 30-39, 40-49, 50-59 & 60-up.
 Email _____
 Emergency Contact _____
 Emergency Contact Phone _____ your phone contact # _____

ACKNOWLEDGEMENT OF RISKS AND ASSUMPTION OF RISK RESPONSIBILITY

STATEMENT OF RISKS: There are significant elements of risk in any adventure, sport or activity associated with the outdoors, the use of bikes and bike racing or riding in this event (referred to herein as "activity"). THE ACTIVITY IS NOT WITHOUT RISK. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damage to equipment, cause accidental injury, illness, or in extreme cases, permanent trauma or death.

ACKNOWLEDGEMENT OF RISKS: I agree and understand that bike racing and riding is a HAZARDOUS activity. Further, I recognize that there are risks, including, but not limited to, motorized vehicular traffic, pedestrian traffic, uneven and/or slippery road conditions, bumps, loose gravel and dirt, water, holes and potholes, debris and other bikes and competitors.

I recognize that injuries are a common and ordinary occurrence of the activity. I hereby agree to freely and expressly ASSUME and accept ANY OR ALL RISKS OF INJURY OR DEATH while participating in this activity. I further acknowledge that I have made a voluntary choice to participate in this activity.

I AM AWARE THAT THE ACTIVITY MAY ENTAIL RISKS OF INJURY OR DEATH. I UNDERSTAND THAT THE DESCRIPTION OF THESE RISKS IS NOT COMPLETE AND THAT UNKNOWN OR UNANTICIPATED RISKS MAY RESULT IN INJURY, ILLNESS OR DEATH AS A RESULT OF MY PARTICIPATION IN THE ACTIVITY.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: I agree to assume responsibility for the risks of the activity identified herein and those risks not specifically identified. Participation in the activity is purely voluntary. No one is forcing me to participate. I verify that I am physically fit, not under the influence of alcohol or drugs at this time, and sufficiently qualified, trained and capable to participate in this activity. I assume responsibility for myself and my minor children for whom I am responsible, for bodily injury, accident, illness, death, loss of personal property and expenses thereof as a result of any accident which may occur while I participate in this activity. I understand that HELMETS ARE REQUIRED and I agree to wear my helmet at all times during the activity. I understand that equipment provided for my protection may be inadequate to prevent serious injury or death.

This agreement is governed by the applicable law of this state or province. If any provision of this agreement is determined unenforceable, all other provisions shall be given full force and effect.

I have read the acknowledgement of risks and assumption of risk responsibility. I understand by signing this document that I am expressly assuming the risk associated with this activity. All riders under age 18 must have parental consent to participate.

Participant's Signature: _____ Date _____

Parent/Guardian: I verify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of the participant and I agree to be bound by the terms and conditions stated above.

Parent/Guardian Signature: _____ Date _____

**Send check or money order payable to Smethport Volunteer Fire Department Wheel Race
c/o Borough of Smethport-Wheel Around the Hub Race- Box 427 Smethport, PA 16749**