

**Tour de Poway Road Rides Registration Form**

**Sunday, October 2<sup>nd</sup> 2005**

Print this form and mail or fax back, a signature is required on waiver below.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

1) **100 mile(Century)** registration fee thru September 23<sup>rd</sup> (**\$40**).....\$ \_\_\_\_\_

2) **62(Metric Century), 50, and 25 mile** registration fee thru September 23<sup>rd</sup> (**\$30**)..... \$ \_\_\_\_\_

3) **15 mile** registration fee thru September 23<sup>rd</sup> (**\$20**).....\$ \_\_\_\_\_

4) **After September 23<sup>rd</sup> add (\$10)**.....\$ \_\_\_\_\_

5) **T-shirt (\$8)** ADD \$3 for XXL.....\$ \_\_\_\_\_

circle size    S-----M-----L-----XL-----XXL

6) **Barbeque Ticket (\$10)**.....\$ \_\_\_\_\_

5) **TOTAL (DO NOT SEND CASH)** ..... \$ \_\_\_\_\_

**Pay by credit card or check payable to, "TOUR DE POWAY" (NO REFUNDS)**

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Send registration form and SASE(self addressed stamped envelope)for ride bib and map to:

**TOUR DE POWAY, P.O. BOX 1446, POWAY, CA. 92074 (Fax # 858-486-4202)**

**Waiver and Release:** In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and administrators waive any and all rights and claims for damages I may have against Cycling Promotions West, Sponsors, coordinating groups, and any individuals associated with this event, their representatives, successors and assigns, and will hold them harmless for any and all injuries and/or damages suffered in connection with this event. I have been warned that bicycling is a dangerous sport and that I must be in good health to participate in this event. I must obey all traffic laws and it has been recommended to me that I should wear a helmet while participating in this event. In filling out this form I acknowledge I have read and fully understand my own liability and do accept the restrictions.

X \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Signature of participant (or signature of parent/guardian if under 18 years old)