



CYCLE FOR INDEPENDENCE
May 22, 2010
 OFFICIAL ENTRY FORM
 Treasure Valley Chapter
 National Federation of the Blind of Idaho



Helmets Required

Each rider must fill out a separate entry form.

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Age: _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Please mark if you are a student and which ride you choose.

Only riders who pre-register on or before **May 17, 2010** receive a free pair of bike socks!

Route Entry	Fees	Team Fees	Students
<input type="checkbox"/> Metric Century	\$35.00	\$30.00	\$20.00 any route \$15.00 on a team
<input type="checkbox"/> 25-Mile	\$35.00	\$30.00	Students 16 or older MUST include student id.
<input type="checkbox"/> 10-Mile	\$30.00	\$25.00	# _____ & School _____

Students **under 16 years must be accompanied** by a responsible adult on the route.

TEAMS MUST PRE-REGISTER A team consists of 5 riders or more. Pick a Captain & join the fun!
 To pre-register, this form must be received on or before **May 17, 2010**.

Team/Company Name: _____

Team Contact/Captain: _____ Phone: _____

Mail this form with check or money order payable to: \$ _____ **Enclosed.**

Treasure Valley Chapter, NFBI
 P.O. Box 2007
 Boise, ID 83701

ONLINE REGISTRATION ALSO AVAILABLE AT WWW.TVCBLINDIDAHO.ORG

Waiver: I hereby represent that I am in good physical condition for this ride. I understand that this is a noncompetitive ride and not a race. A helmet is required to participate, and I agree to wear a helmet designed for bicycle riding. By signing this form, I waive any claims of action I may have against the Treasure Valley Chapter, National Federation of the Blind of Idaho, the state of Idaho, the City of Boise, and Ada/Canyon counties from all liability arising out of injury to persons or property, and any loss, damages or expenses arising out of my participation in the Cycle for Independence. I also agree to wear identification provided by Cycle for Independence during the ride.

Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

If rider is under 18 years of age parent or guardian must also sign.

Thank you for supporting the blind of Idaho!