

**ULTRA CYCLING
KC AREA RANDONNEURS'
2009 Brevet Series**

Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____
(Day) _____ (Evening) _____

Date of Birth _____

E-Mail _____

Club Affiliation _____

RUSA Member # _____

(If you applied for membership and are awaiting confirmation, enter APPLIED FOR and notify organizer of your number when you receive it.)

**EVENTS ENTERED/ENTRY FEES
(CHECK EACH EVENT ENTERED)**

| | | |
|---------|------|----------|
| 200 KM | \$10 | \$ _____ |
| 300 KM | \$10 | \$ _____ |
| 400 KM | \$10 | \$ _____ |
| 600 KM | \$15 | \$ _____ |
| 1000 KM | \$20 | \$ _____ |
| Fleche | \$10 | \$ _____ |

Enter 4 or more events and save \$10 \$ _____

Registration on day of event, add \$2 \$ _____

Non RUSA member add \$5 \$ _____

TOTAL \$ _____

Make Checks Payable to

Bob Burns
P.O. Box 1387
Blue Springs, MO 64013

Accident Waiver & Release Form

Every rider on every ride will be required to sign a liability release form. A sample is provided for you to read.
ACCIDENT WAIVER AND RELEASE OF LIABILITY

In consideration of being permitted to participate in any way in the Kansas City Ultra Cycling Administrator Brevets, I, for myself, my representatives, assigns, successors, and heirs represent and agree as follows:

I acknowledge that this athletic event or Activity is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. If at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, HE FOLLOWING ENTITIES OR PERSONS:

Robert G. Burns, RBA Kansas City Ultra Cycling, RANDONNEURS USA, (RUSA), AUDAX CLUB PARASIEN, and RANDONNEURS MONDIAUX, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment, which may be deemed advisable. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand it's content. I understand that I have given up substantial rights by signing this AWRL and have signed it freely and without any inducement or assurance of any nature.

PARENT GUARDIAN WAIVER FOR MINORS (UNDER 18 YEARS OLD)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

PRINT NAME _____ Sign _____
I have read this release

SIGNATURE (If under 18 yrs. old, parent or guardian must sign) AGE _____ Date _____

Address _____ City _____

State _____ Zip _____ Phone # _____ RUSA# _____

Email _____