



Brown County Hills Challenge Bike Ride
October 2 & 3, 2010
Registration Form – one person per form

Tandem and Hand Cyclists are Welcome

Rec'd by: _____ Rev. 02/02/10
Cash _____ Ck# _____
Last 4 digits of CC# _____
Total Amount = _____
Wristband #: _____

Last Name: _____ First Name: _____ Gender (please circle): M F
Street Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Cell Number: _____ E-Mail Address: _____
Age: Under 18 _____ Over 18 _____ Emergency Contact (name & #) : _____

RIDE - \$25 pre-register / \$30 day of
• **Saturday** (Circle One): 100 Miles 50 Miles 40 Miles 25 Miles
FEES -
Ride \$ _____
Accommodation \$ _____
Gear _____
T-Shirt w/logo - \$10 \$ _____

ACCOMMODATION – (Circle One)
• **Tent Camping \$15.00 per designated site for the weekend.**
• **RV and POP-UP Campers \$20.00 each NO HOOK –UPS or conveniences available.** Circle one - S M L XL 2XL
Generators MUST BE off by 11:00P.M.
• **Cabin Camping \$18.00 per person for the weekend. Gender designated dorm-style heated cabins - bunk with mattress, bath and shower facilities in the cabins. Bring soap, shampoo, pillow and bedding or sleeping bag.**
• **I'm in a Tent/RV/Pop-Up with someone else that is registering and paying**
• **No accommodations needed**

****These fees are for the entire weekend, i.e. same cost if you stay just Friday night or Friday & Saturday night.
TOTAL FEES \$ _____
Make Checks payable & Mail w/Form to: CYO Camp Rancho Framasa • 2230 North Clay Lick Road • Nashville, IN 47448

Or Fax with Credit Card Information to: 812-988-4842 Printed name of card holder _____
Credit Card No. _____ Exp. Date __ / __ Amt. to charge credit card: _____
Signature: _____

SPONSORS: BROWN COUNTY CITIZENS' SCHOLARSHIPS (BCCS) & CYO Camp Rancho Framasa (CRF)
CONSENT AND RELEASE FORM

READ CAREFULLY:

I request that the above named sponsors of this event allow me to participate in their bicycling events. In consideration of my participation in these events, I, the undersigned, do hereby agree to the following conditions.

1. I understand that bicycling requires physical conditioning, and I represent that I am in sound medical condition capable of participating in the ride without risks to others or myself. I have no known medical impediment that would endanger others or myself. I agree that I will be solely responsible for the condition and adequacy of my bicycle, safety gear, and riding equipment. I will ride safely within the limits of my own abilities, my equipment and the riding conditions, and in a manner so as not to endanger either others or myself.
2. I understand that bicycling is a potentially hazardous activity and I voluntarily participate in it of my own free will and choice. In choosing to attend this event, I fully accept and assume all risks whether before, during or after this event.
3. Acknowledging that such risks exists I HEREBY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS THE ABOVE NAMED SPONSORS OF THIS EVENT, IT'S OFFICERS, OFFICIALS, MEMBERS, AND VOLUNTEERS: (BCCS) and (CRF) SPONSORS AND PARTICIPATING CLUBS, COMMUNITIES AND ORGANIZATIONS; SUPPORT PERSONNEL; the Figtree Gallery and Coffee Shop, Valley Branch Retreat, The Story Inn, Gatesville Country Store, CYO Camp Rancho Framasa and the Archdiocese of Indianapolis, and the officers, directors, employees, representatives, agents, insurers, and successors of all the above (collectively, "Releases") from any and all claims or liability for personal injury, or property damage I may suffer directly or indirectly arising out of or relating in any respect to my attending or participating in the above named events. This waiver and release of all claims, demands, action and liability shall include, without limitations, any injury, damage of loss to my person or property which may be (a) caused by any act, or failure to act, by Releases even if said injury, damage, or loss results from the negligence of any or all the above-identified Releases or (b) sustained by me before, during or after the above named events.
4. I agree to indemnify and hold harmless Releases for all lawsuits, losses, damages, claims, expenses, including attorney's fees and costs arising from or relating in any respect to my participation in the above named events or my breach of this agreement. This provision will apply regardless of whether or not the lawsuit, losses, damages, claims, expenses, attorney's fees, and/or costs arise out of the negligence of any of the Releases.
5. If I am a minor, my parent or guardian is also signing on my behalf and we both agree to be bound by the terms of this agreement.
6. The laws of the State of Indiana will govern any disputes or other matters relating to this Consent and Liability Release.

THIS AGREEMENT MAY NOT BE MODIFIED ORALLY AND MAY NOT BE WAIVED IN ANY RESPECT. I HAVE READ THIS AGREEMENT, WAIVER, AND RELEASE AND AGREE TO AND ACCEPT ITS TERMS.

Participant's Printed Name _____ Participant Signature _____
Parent/Legal Guardian Signature: _____ Date: _____

(If participant is under 18)

How did you learn about the ride:

- ___ I received a mailing ___ From website
___ Word of mouth ___ Advertisement
___ Poster ___ I am a previous participant

For program details and camping information:

visit our website www.browncountyhillschallenge.com
Other sites of interest, for hotel information, or to "check-out the do'ins" in Brown County, Indiana, **The Artist Colony of the Midwest**, go to: www.browncounty.com or www.browncounty.org