Friends Of Capitol Forest

Mountain Bike Race Series 2007

REGISTRATION FORM- June 9th Super D

Name Address	City	State Zip
Phone () -	E-mail	
AddressPhone (/ / Age	Male □ Female □
Medical Allergies		
Medical Allergies Emergency Contact Name	P	hone #()
Category Selection	Friends Of Capitol	WAIVER
Beginner Men Under 18 18-39 40+ Sport Men Under 18 18-39 40+ All Mountain Men (expert, pro) All Female Event Entry Fees Pre-Registration Fee \$30 (Form must be received by June 2nd. Day of registration fee will be \$35) FOCF Volunteer Discount Voucher -\$10 (please mail voucher with your payment. If you are interested in volunteering to get the discount, contact Matthieu - mdenuelle@hotmail.com) TOTAL PAYMENT SENT = \$ Registration Information: Make checks payable to Fried Payment MUST accompany Allow sufficient time for registration for for registration for registration for for registration for for registration for for registration for	By signing here you are requesting and then acknowledging membership in Friends Of Capitol Forest, a non-profit Capitol Forest volunteer group. Your information will be held confidentially and you are under no personal or monetary obligation. There are no dues, fees or other requirements. The purpose of joining is to be covered under the groups insurance (required). X	I, the undersigned, agree and understant that there are inherent risks and dangers attached to the sport of cycling and mountain bike racing competitions. I a to assume completely those risks and dangers of whatever nature. Moreover, agree to assume solely full responsibility all damage of any nature that I might cat to third parties. Moreover, in considerat of the acceptance of my registration at the event as a competitor, I hold free and harmless from any liability the organizer Friends Of Capitol Forest, it's administrators, it's organizing committee it's employees, it's representatives, it's volunteers, and other land owners, major sponsors all other sponsors and organizations involved in this event, as was any other corporation or person director indirectly involved in this event. I therefore waive my right to claim and my right of action against each and every person mentioned in the forgoing lines is relation with the occurrence of any loss, damage or injury of any nature that I mi sustain regarding this event, before, durand after it's happening. X Riders Signature (required) X Parent or Guardian Signature (required under 18)

4520 Lacey Blvd. SE #6

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