

REGISTRATION FORM
Shenandoah Valley Century
Sunday, September 14, 2008

Name _____

Address _____

City _____

State _____ Zip _____

Tour distance: 25 miles _____
50 miles _____ 100 miles _____

Cost: \$12.00/person postmarked by 9/4/08, or
received by 9/7/08; \$15/person after that

\$ _____

\$30/family (3 or more members)

\$ _____

Checks payable to:

Shenandoah Valley Bicycle Coalition

RELEASE: In consideration of the Shenandoah
Valley Bicycle Coalition sponsoring a tour on
the above date, I state:

1. I shall be _____ years of age on the tour date,
and have no physical or other limitations
preventing me from riding a bicycle on this tour.
Furthermore, if I am under 14 years of age, I will
ride with an adult over 18 years of age. The
name of this adult is

2. I have inspected my bicycle for this tour and I
know it to be in reasonably good and safe
condition.

3. I have adequate and reasonable knowledge of
what is prudent and safe bicycle riding and shall
ride in that manner, for my own protection and
the protection of others.

4. I agree to check in with those operating the tour
at the completion of my ride so that they will know
when I am finished on the tour route. Furthermore,
if I quit my ride on the tour before completion, I
agree to inform those operating the tour that I am
finished.

5. In signing this release for myself, or for the
named entrant, I understand that the Shenandoah
Valley Bicycle Coalition, the Coalition officers, the
Coalition members, the City of Harrisonburg, and
any others connected with this event are not
responsible for, and are not insurers of, my personal
safety during the ride. I recognize that bicycling on
the roads may be hazardous and that various
dangers such as rough roads, railroad tracks, etc.
may be encountered.

I thus release the above organizations and their
officers, employees, and members and agree to
absolve and hold them harmless from any and all
liabilities arising from my having sustained any
property damage or personal injury by reason of
their negligence in participating, sponsoring,
planning, or arranging this event. I shall abide by
all traffic laws and practice courtesy and safety in
bicycling. I shall wear a CPSC, ASTM F1447 or
SNELL approved helmet.

Signature of rider:

Signature of parent if rider is under 18 years of age:

Phone Number: _____

E-mail: _____

In the event of circumstances beyond our control,
refunds cannot be guaranteed.

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26th ANNUAL
SHENANDOAH
VALLEY
CENTURY
SEPTEMBER 14, 2008



Hillandale Park
Harrisonburg, Virginia

Sponsored by the
SHENANDOAH VALLEY
BICYCLE COALITION

Shenandoah Valley Century
c/o Art Fovargue
1043 Chestnut Dr.
Harrisonburg, VA 22801

