



Mohawk Valley Metric Century

May 11, 2019



Participant Details		Entry Fee \$50 +\$5 for One-Day OBRA License if needed <u>Yes/No</u>		
Category	<input type="checkbox"/> 50K Mini <input type="checkbox"/> 100 K Metric <input type="checkbox"/> 150K Classic			
First Name:		Last Name:		DOB
Email		Phone:		Gender
Address: City, State, Zip			Emergency Contact Name and Phone	
Waiver				
<p>I understand that there is limited mechanical support on each route, and verify that my bicycle is in good working order and I am prepared to fix my own flats. I will be traveling on suburban and country roads, with traffic, and I understand that I am required to follow traffic laws, wear an ANSI or SNELL approved helmet and not doing so may result in my removal from the course. I know that participating in the Mohawk Valley Metric Century is a potentially hazardous activity. I will not participate in the Mohawk Valley Metric Century unless I am medically able to do so and am properly trained. I shall voluntarily examine all risks associated with participating in this event, including, without limitation, falls, contact with other participants and volunteers, the effects of weather, including extreme temperatures or conditions, traffic contact with other vehicles of all types and descriptions, the conditions of the road, participating in events along the route, all such risks being known and appreciated by me. I assume the risk of all dangerous conditions during the Mohawk Valley Metric Century and waive all specific notice of the existence of such conditions and I will assume and pay my own medical and emergency expenses in the event of an accident, illness, or other incapacities regardless of whether I have authorized such expense. Having read this waiver and knowing these facts and in consideration of my registration acceptance, I, for myself and anyone acting on my behalf, waive and release Eugene Velo, the Mohawk Valley Metric Century, all sponsors, officials, governmental agencies, employees and agents from all claims of liabilities of any kind arising out of my participation in this event, including damage or loss to my person and property which may be caused by any act, or failure to act, by the above persons and entities. I also understand and agree that any sponsor may subsequently use, for publicity or promotional purpose, my name or pictures of me participating in this event without liability or obligation to me.</p> <p>Bicyclists are to comply with the rules of the road. See http://www.oregon.gov/ODOT/HWY/BIKEPED/docs/bike_manual.pdf</p> <ul style="list-style-type: none"> - Ride on the right side of the road - Ride single file except when passing - Use hand signals for turns and stops - Obey all traffic signals and signs 				
<input type="checkbox"/> I agree to the terms of the event waiver			Signature _____	
Make checks Payable to Eugene Velo				
Amount paid _____ Method: cash____, check____, card____				
Entered Date _____ By _____			BIB # _____	



OBRA

OREGON BICYCLE RACING ASSOCIATION
P.O. Box 16355 PORTLAND, OREGON 97292



One Day License Application

Complete the following information

Name		Today's Date		Fees: <input type="checkbox"/> \$ 5 Interests: <input type="checkbox"/> Road <input type="checkbox"/> Track <input type="checkbox"/> Cyclocross <input type="checkbox"/> Time Trial <input type="checkbox"/> Tandem <input type="checkbox"/> Mountain Bike <input type="checkbox"/> Triathlon <input type="checkbox"/> Volunteer <input type="checkbox"/> Race Promotion
Address				
City		State	Zip	
Occupation		Email		
Phone - Work	Home	Fax		
USCF License	Club	Date of Birth		

Check all that apply

- Road Category: I II III IV V Junior Senior Master
 Mountain Bike Category: Pro/Expert Sport Beginner Novice Men Women

JOIN THE OREGON BICYCLE RACING ASSOCIATION AND HELP SUPPORT THE SPORT OF BICYCLE RACING IN OREGON. OBRA HELPS YOU BY PROVIDING SUPPORT TO BICYCLE RACE PROMOTERS AS WELL AS RACERS.



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