



Fort Collins Cycling Festival LLC
Dash for the Cache Registration!

- Beaver Meadows Mountain Bike Festival:
 September 11th -13th 2009

Team Name _____

Last Name			First Name		
Address					
City			State		
Tel. Phone			Work:		
E-mail			T-SIZE	S	Med LG XLG
Payment Type:	Check:	Check #			
Visa/Master				Exp. Date	
Print Name		Signature			
No Refunds, Sorry!					
Late Reg. (September 5 th Add \$10.00)					

Official Registration for FCCF



Citizen's Class Only Note: If you are in the Citizens Class your Dash one day license fee is included with your registration!
Includes: Camping, Event, T-Shirt, Sponsor Area, Medals, Prizes, More Live Music, Rental Bikes, Bike Tours,

	Friday add	Saturday add	Sunday add			Total Event
Dash Entry	\$7.00	\$7.00	\$7.00			
\$50.00	Chicken	Chicken	Chicken			
Extra Meal	Burger	Burger	Burger			\$
Extra Meal	Veggie	Veggie	Veggie			\$
						\$

Registration	Peloton Cycles / REI Fort Collins Till September 5 th	After Sept 5 th \$60.00	\$
4:30pm-7:00pm	September 11 th 2009	Beaver Meadows	\$
5:30am-20min Before Your Race.	September 11-12 th 2009	Beaver Meadows	

Make Sure To Select The Category or Categories You Will Be Participating!					Total Events	#
Races	Saturday	Check	Sunday	Check		Check
Start Time						
5:30am	Registration	5:30am	Registration	5:30am		
Dash Registration			5:30am-9:45am			
Dash for the Cache	Citizens Team		Open Team			
Dash for the Cache	Citizens Single		Open Single			

Notes: Open Teams will be given only GPS coordinates, Citizens will be given both GPS and treasure map clues
 All team members can punch or receive points at each stop but no team member will be able to take more than one extra point tokens for other team members.
 Automatic disqualification for any team found cheating. Automatic walk the plank and booted to boot!

MOUNTAIN BIKING COMPETITIVE EVENT - 2009 USA Cycling Release Form AND One Day License Application

- Mountain Biking Annual Member - License # _____
 Mountain Biking One-Day Member (Cat. 2 or 3 only)

The following event release form has been approved by USA Cycling, Inc. If reproduced, it must be in a minimum of 10 point type and retain the exact same formatting.

PLEASE COMPLETE THE FOLLOWING INFORMATION

TODAY'S DATE _____
 EVENT NAME _____
 EVENT DATE(S) _____
 RACE(S)/DISCIPLINE ENTERED _____
 CLUB/TEAM NAME _____
 RACING AGE (as of December 31, 2009) _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ E-Mail _____
 Emergency Contact _____
 Emergency Contact Phone _____

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM ASSUMING RISKS, AND AGREEING TO INDEMNIFY, NOT TO SUE AND RELEASE FROM LIABILITY THE ORGANIZER OF THIS EVENT AND USA CYCLING, INC. (USAC), ITS ASSOCIATIONS (THE UNITED STATES CYCLING FEDERATION (USCF), NATIONAL OFF ROAD BICYCLE ASSOCIATION (NORBA), NATIONAL COLLEGIATE CYCLING ASSOCIATION (NCCA), U.S. PROFESSIONAL RACING ASSOCIATION (USPRO), AND BMX ASSOCIATION (BMXA)), AND USA CYCLING DEVELOPMENT FOUNDATION (USACDF), AND THEIR RESPECTIVE AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, CLUBS, SPONSORS, PROMOTERS AND AFFILIATES (COLLECTIVELY "RELEASEES"), AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL RACES AND ACTIVITIES ENTERED AT THE EVENT, REGARDLESS WHETHER OR NOT LISTED ABOVE. I HAVE READ IT CAREFULLY BEFORE SIGNING, AND I UNDERSTAND WHAT IT MEANS AND WHAT I AM AGREEING TO BY SIGNING.

I understand that drug testing may be conducted for athletes registered for this event and that the use of blood boosting or substances prohibited by Releasees' rules would make me subject to penalties including, but not limited to, disqualification and suspension. I agree to be subject to drug testing if selected, and its penalties if I fail to comply with the testing or am found positive for the use of a banned substance.

I agree, for myself and my Successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my Successors assert a claim contrary to what I have agreed to in this contract, the claiming party shall be liable for the expenses (including legal fees) incurred by the Releasees in defending the claims. This contract may not be modified orally, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein or as a consent to any subsequent waiver or modification. I consent to the release by any third party to Releasees and their insurance carriers of my name and medical information that may relate solely to any injury or death I may suffer arising from the event. Every term and provision of this contract is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

Signature of Entrant _____ AGE _____

CONSENT AND RELEASE OF PARENT OR GUARDIAN

I am the parent or guardian of _____ (Child). My Child is fit for the event, and I consent to my Child's participation. **I HAVE READ AND I UNDERSTAND THE ABOVE CONTRACT.** In consideration of allowing my Child to participate, I consent to the contract and agree that **ITS TERMS SHALL LIKEWISE BIND ME, MY CHILD, and our heirs, legal representatives, and assignees. I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM AND ANY LIABILITY** that I or my Child may allege against the Releasees (including reasonable legal fees and costs) as a direct or indirect result of injury or death to me or my Child because of my Child's participation in the event. **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or others. I PROMISE NOT TO SUE RELEASEES** on my behalf or on behalf of my Child regarding any claim arising from my Child's participation in the event.

Signature of Parent or Guardian