

REGISTRATION FORM



Please complete all information. Be sure to print your name and address clearly. Use only one form per person. You may duplicate this form.

First name	Last name	Age on 6/12/10
Street Address		
City	State	Zip
Phone ()	Email address	
Check route option Your luggage tag will indicate the route you select. Your bag will be delivered to this site on Sunday.	<input type="checkbox"/> Preston (69/46 miles)	<input type="checkbox"/> Camping in Preston Friday night.
	<input type="checkbox"/> Bettendorf (106/90 miles)	<input type="checkbox"/> Camping at Scott Friday night.

Registration Fees (Please note fee deadlines) Mailed registrations must be received by May 30 **Amount Due**

QCBC member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Thru April 15 (QCBC member \$53) \$58	\$58	\$
Ridden TOMRV before? <input type="checkbox"/> Yes <input type="checkbox"/> No	April 16 to May 30 (QCBC member \$63) \$68	\$68	
Number of previous TOMRV's ridden	At Packet Pickup (QCBC member \$75) \$80	\$80	

TOMRV t-shirt (circle size)	S	M	L	XL	XXL	FREE
------------------------------------	---	---	---	----	-----	------

Additional Items for Purchase Indicate size and preference of Men's or Women's for jersey

Additional TOMRV t-shirt	S	M	L	XL	XXL	XXXL	\$10 ea
Short Sleeve Jersey <input type="checkbox"/> Men's <input type="checkbox"/> Women's	S	M	L	XL	XXL	XXXL	\$68 ea
Sleeveless Jersey <input type="checkbox"/> Men's <input type="checkbox"/> Women's	S	M	L	XL	XXL	XXXL	\$68 ea
TOMRV patch							\$4 ea

Accommodations (Need to be reserved by May 28. For double rooms and suites, reserve on just one application)

Camping at Clarke (per person) \$15	\$15
Sleeping bag space in Clarke dorm lounge (a/c) \$20	\$20
Clarke single dorm room (1 single bed) \$40	\$40
Clarke double dorm room (2 single beds) \$64	\$64
Clarke apartment suite (a/c, six adjoining single rooms for 6 persons)	Order Online
Loras double dorm room (2 single beds) \$60	\$60
Loras apartment suite (a/c, four adjoining single rooms for 4 persons) \$208	\$208

Suites are sold as a package and availability. Clarke suites are sold out in the first week, and must be ordered online.

Please make all checks payable to: Quad Cities Bicycle Club	TOTAL DUE (includes Iowa sales tax)	\$
Mail to: TOMRV 33, c/o Katherine Weeks, 2111 W. 75th Place, Davenport, Iowa 52806		

EVENT PARTICIPANT / VOLUNTEER ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that TOMRV (hereafter referred to as the Event) is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of roads and highways, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to the riders, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective highways, equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I agree to obey all traffic laws of the hosting states and to wear an approved helmet while cycling in this event. I certify that I am physically fit, have sufficiently trained for participation in the Event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the Event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this Event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: A) Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Quad Cities Bicycle Club, its directors, officers, employees, volunteers, representatives, and agents, the Event holders, Event sponsors, Event volunteers and all state, county, and municipal agencies responsible for maintenance of the highways upon the Event itinerary (hereafter referred to as Releasees); and (B) Indemnify and Hold Harmless the entities and persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this Event, whether caused by the negligence of Releasees or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this Event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors organizations and assigns.

The Accident Waiver and Release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I HAVE READ THIS RELEASE AND I UNDERSTAND ITS CONTENT

Print Participant's Name	Age	Signature of participant	Date
--------------------------	-----	--------------------------	------

(if under 18 years old, Parent or guardian must also sign below. In addition, an adult must accompany the minor rider)

PARENT/GUARDIAN WAIVER FOR MINORS (UNDER 18 YEARS OLD)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents of legal guardian.

Name of Adult rider accompanying minor	Signature of Parent or Guardian	Date
--	---------------------------------	------