

# 2010 SELMA CYCLEPATHS

## Team Registration and Waiver Form

Name: \_\_\_\_\_

Snail Mail Address: \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Profession: \_\_\_\_\_

Shirt Size: Small \_\_\_ Medium \_\_\_ Large \_\_\_ Extra Large \_\_\_

2010 will be my \_\_\_ year in riding in the MS BIKE TOUR; 2010 will be my \_\_\_ year in riding with the Cyclepaths

My personal fund-raising goal for the 2007 MS 150 is \$\_\_\_\_\_.

While I understand that annual dues are not required to ride with the Cyclepaths, I am enclosing a

check made payable to the Selma Cyclepaths in the amount of \$\_\_\_\_\_ to help with the team expenses during

the 2010 season. (If you are inclined to contribute, the suggested amount is \$20.00).

### **Waiver**

Having read this waiver, I, for myself and anyone entitled to act on my behalf, including heirs and assigns, waive

and release the Selma Cyclepaths and any other parties connected with this bicycle team in any way together with their

respective successors and assigns from all claims or liabilities of any kind arising out of my participation in the training

rides or other events of the Selma Cyclepaths throughout 2010, even though such claim or liability may arise out of the

negligence or carelessness on the part of any person referenced in this waiver. I do hereby agree that I am physically

capable of participating in these training rides and other events, that my bicycle and any other equipment I may use to

participate in these training rides is in working condition, that I will observe applicable traffic rules and that I will wear

a helmet. I consent to receive medical treatment, which may be deemed advisable in the event of injury or illness during

one of these training rides or other events. I give my permission to the Selma Cyclepaths to use my name and any

photographs of me on the Selma Cyclepaths website and in any other ads or promotions of the Selma Cyclepaths or the

fund-raising events in which we participate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

**Please return this completed form with your dues check (if you so choose) to:**

Jenny Bradley at  
Cheshire Parker  
PO Box 1029  
Raleigh, NC 27602 (919) 833-3114 (work).  
These will not be tax deductible contributions.