Primavera Century — 47th Annual - April 19, 2020 Mail-In Registration Form <u>Must be postmarked by Feb 29, 2020</u>

First Name:Last Name		Age (on Apr 19, 2020)			
Address:		Check One:	Complete Century 100 miles	\$75	
City & Zip:			85 Mile Ride	\$75	
Email Address:			The Perfect Metric 100k	\$75	
Contact Phone Number:			The 25 mile Fun Ride – Adults	\$30	
Emergency Phone Number: _			The 25 mile Fun Ride - Under	16 \$20	
Vegetarian? Y/N		(One registration form per person, please) TOTAL:			
1	Make check payable	to FFBC and	send to:		
FFBC/P	rimavera 2020, P.O	. Box 1868, F	remont, CA 94538		
PARENTAL CONSENT RELEASE AN ("AGREEMENT")	D WAIVER OF LIABILITY,	ASSUMPTION OF I	RISK, AND INDEMINITY AGREEMENT	———— Г	
IN CONSIDERATION of being permitted to personal representatives, assigns, heirs, and no		eewheelers Bicycle Club	("club") sponsored Bicycle Activities ("Activity",) I for myself, my	
participate in such Activity. I further acknowle	dge that the Activity will be conduc	ted over public roads an	I am qualified, in good health, and proper physs Id facilities open to the public during the Activity Is to be unsafe, I will immediately discontinue furth	and upon which	
DISABILITY, PARALYSIS AND DEATH ("RI participating in the Activity, the condition in v	SKS"); (b) these Risks and dange which the Activity takes place, or The ES either not known to me or not re	rs may be caused by m HE NEGLIGENCE OF ? eadily foreseeable at thi.	OF SERIOUS BODILY INJURY, INCLUDING ty own actions, or inactions, the actions or ina ITHE "RELEASEES" NAMED BELOW; (c) there is time; and I FULLY ACCEPT AND ASSUME Al on in the Activity.	actions of others may be OTHER	
and, if applicable, owners and lessors of prem DEMANDS, LOSSES, OR DAMAGES ON M "RELEASEES" OR OTHERWISE, INCLUDIN LIABILITY, ASSUMPTION OF RISK, AND IN	ises on which the Activity takes pla IY ACCOUNT CAUSED OR ALLI NG NEGLIGENT RESCUE OPERA DEMNITY AGREEMENT I, or anyo	ce, (each considered one EGED TO BE CAUSEI ATIONS; AND I FURTI one on my behalf, makes	ents, and employees, other participants, any spons e of the "RELEASEES" herein) FROM ALL LIAB D IN WHOLE OR IN PART BY THE NEGLIG. HER AGREE that if, despite this RELEASE AN a claim against any of the Releases, I WILL IND. ability, damage, or cost which any may incur as t	EILITY, CLAIMS, ENCE OF THE ID WAIVER OF EMNIFY, SAVE,	
4. I am in advance giving my permission and Activity.	approval for others as in item (3) a	bove in the capacity to p	rovide support to me and my bicycle before, duri	ng, and after the	
RIGHTS BY SIGNING THIS AGREEMENT, H	AVE SIGNED IT VOLUNTARILY A NAL RELEASE OF ALL LIABILITY	ND WITHOUT ANY IN TO THE GREATEST E	EMENT, UNDERSTAND THAT I AM GIVING UP DUCEMENT OR ASSURANCE OF ANY NATUR. XTENT ALLOWED BY LAW. I AGREE THAT IF NTINUE IN FULL FORCE AND EFFECT.	E AND INTEND	
Signature of Participant (only if over	18)	Print Name		Date	
MINOR RELEASE					
CAPABILITIES AND BELIEVE THE MINOR ACTIVITY. I HEREBY RELEASE, DISCHAI RELEASE'S FROM ALL LIABILITY, CLAIMS, OR IN PART BY THE NEGLIGENCE OF TH. DESPITE THIS RELEASE, I, THE MINOR, O	R TO BE QUALIFIED, IN GOOD RGE, COVENANT NOT TO SUE, DEMANDS, LOSSES, OR DAMAG E "RELEASES" OR OTHERWISE, R ANYONE ON THE MINOR'S BE S EACH OF THE RELEASES FRO	HEALTH, AND IN PE AND AGREE TO INDE ES ON THE MINOR'S A INCLUDING NEGLIGE CHALF MAKES A CLAIN	YCLING ACTIVITIES AND THE MINOR'S EXF ROPER PHYSICAL CONDITION TO PARTICII EMNIFY AND SAVE AND HOLD HARMLESS CCOUNT CAUSED OR ALLEGED TO BE CAUG INT RESCUE OPERATIONS AND FURTHER AND MAGAINST ANY OF THE RELEASES NAMED OF EXPENSES, ATTORNEY FEES, LOSS LIABILITY	PATE IN SUCH EACH OF THE SED IN WHOLE GREE THAT IF, ABOVE, I WILL	
Signature of Parent or Guardian (Only if participant is under the age of 18	3)	Print Name		Date	

(only if participant is under the age of 18)