## Primavera Century — 47<sup>th</sup> Annual - April 19, 2020 Mail-In Registration Form Must be postmarked by April 4, 2020

First Name:Last Name: _		<b>Age</b> (on Apr 19, 2020)		
Address:		Check One:	Complete Century 100 miles	\$80
City & Zip:	,	_	85 Mile Ride	\$80
Email Address:		_	The Perfect Metric 100k	\$80
Contact Phone Number:		_	The 25 mile Fun Ride – Adults	\$30
Emergency Phone Number:		_	The 25 mile Fun Ride - Under	16 <b>\$20</b>
Vegetarian? Y/N		(One registra	tion form per person, please) TOTAL:	
	e check payabl imavera 2020,		l send to: 8, Fremont, CA 94538	
CONSENT RELEASE AND WAIVER OF L	IABILITY, ASSUMPTI	ION OF RISK, AND	INDEMINITY AGREEMENT ("AGREEM	IENT")
I acknowledge that this athletic event death, serious injury and property los weather, condition of athletes, equipme spectators, coaches, event officials, a only inherent to athletics, but are also event. I realize that liability may arise dangerous or defective equipment or plault.	s. The risks includent, vehicular traffic, and event monitors, a present for voluntee from negligence or	e, but are not lim actions of other pe and/or producers rs. I hereby assur carelessness on	ited to, those caused by terrain, factople including, but not limited to, partiof the event, and lack of hydration. In all of the risks of participating &/or the part of the persons or entities be	ilities, temperature, cipants, volunteers, These risks are not volunteering in this eing released, from
I certify that I am physically fit, have suf medical person.	ficiently trained for p	articipation in the	event and have not been advised othe	erwise by a qualified
I acknowledge that this Accident Wai organizers, in which I may participate a				ders, sponsors and
In consideration of my application an administrators, heirs, next of kin, succe my death, disability, personal injury, protraveling to and from this event, THE employees, volunteers, representative participants; (B) Indemnify and Hold Hamade by other individuals or entitles as	essors, and assigns roperty damage, pro FOLLOWING ENT is, and agents, the earmless the entities of the second seco	as follows: (A) W operty theft or action TITIES OR PERS event holders, eventholders, e	aive, Release and Discharge from an ons of any kind which may hereafter a ONS: All governmental entities, their ent sponsors, event directors, event when in this paragraph from any and all	y and all liability for accrue to me or my r directors, officers, volunteers, and co-
I hereby consent to receive medical trothis event.	eatment which may	be deemed advis	able in the event of injury, accident a	nd or illness during
I understand that at this event or relat used for any legitimate purpose by the				film likeness to be
This AWRL shall be construed broadly	to provide a release	e and waiver to th	e maximum extent permissible under	applicable law.
I hereby certify that I have read this do	cument; and, I unde	erstand its content		
Signature of Participant (only if ov	er 18)	Print Name		Date
MINOR RELEASE PARENT GUA	RDIAN WAIVER FO	R MINORS (Und	er 18 years old)	
The undersigned parent and natural grand agrees to save and hold harmless damage whatsoever which may be impaid parties on behalf of the minor and	and indemnify each posed upon said par	n and all of the parties because of ar	ties referred to above from all liability,	loss, cost, claim or

**Print Name** 

Date

Signature of Parent or Guardian (only if participant is under the age of 18)