



2009 KR Bike Club Annual Bicycle Ride Registration Form Held Saturday May 16, 2009 in Waterford, WI

_____/_____/____ S M L XL XXL XXXL
Name Date of Birth

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On-line registration available at www.krbikeclub.com
\$25/person before May 2nd \$30/person after May 2nd

To receive a T shirt, application and payment must be received by April 17, 2009
Payment: Check or Money Order. Make checks payable to: **KR Bike Club**
Groups of 10 or more riders from a single organization can call for special pricing
Children under 16 are free when accompanied by a registered adult

Number of riders 16 & over _____ X \$25(\$30) = _____
Number of t-shirts _____ X \$12 = _____
Total = _____

Choose your ride: 10 mi 25 mi 44 mi 62 mi 100 mi

Waiver Section

A waiver is required for each rider participating in the KR Bike Club Annual Ride
Bicycles are vehicles under Wisconsin Law and you are responsible to follow all traffic laws.

Helmet Use is REQUIRED

Children under 16 must be accompanied by an adult

WAIVER: I know bicycling is a potentially hazardous activity. Injuries while bicycling can result in collision with vehicles, animals, other riders, and attempts to avoid such collisions; from poor road conditions (potholes, uneven and cracked pavement, loose gravel, leaves, and debris, etc.); from the effects of weather; from overexertion and inadequate training; and from mechanical failure of bicycles. Knowing these risks, and in consideration of my participation in this ride, I hereby waive and release KR Bike Club (The Kenosha Wheelmen, Inc. & Belle City Bicycle Club), its agents and representatives, and all persons or entities providing goods and services in connection with this ride, from all claims liabilities, or ages of any kind arising out of my participation in this ride. I understand that this waiver is binding upon me, my heirs, executors, and any person entitled to act on my behalf.

_____/_____/____
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_____/_____/____
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_____/_____/____
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I hereby grant my permission for the minor rider(s) named participate in the KR Bike Club Annual Ride

_____/_____/____
Name Date Signed

Please complete and return to: **KR Bike Club**
P0 Box 085602
Racine, WI 53408-85602

If you have any questions, feel free to contact Art Hicks at ArtCathy@wi.rr.com or call 262-939-4577