



## 2008 KR Bike Club Annual Bicycle Ride - Registration Form

Name		/ /	/		S M L XL XXL XXXL
		Date of Birth			
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**On-line registration available at [www.krbikeclub.com](http://www.krbikeclub.com)  
\$25/person before May 3<sup>rd</sup> \$30/person after May 3<sup>rd</sup>**

**To receive a T shirt, application and payment must be received by April 19<sup>th</sup>**

**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                      36 mi                      62 mi                      100 mi

I would like to make a donation to support the *Ride Beneficiaries*. Please specify your choice and amounts.

<b><i>Kenosha Velodrome Association:</i></b>	\$ _____
<b><i>Bikes for HALO in Racine</i></b>	\$ _____
<b><i>Bikes for Kenosha Salvation Army</i></b>	\$ _____
Total Donation	\$ _____

### 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.

Name		/ /	/		
		Date of Birth			
Name		/ /	/		
		Date of Birth			
Name		/ /	/		
		Date of Birth			
Name		/ /	/		
		Date of Birth			

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