



RACCOON RALLY

CYCLING FESTIVAL WEEKEND 2010

June 26-27th Allegany State Park Salamanca-NY

LAST NAME FIRST NAME MI.
 STREET CITY STATE ZIP
 AGE SEX PHONE E-MAIL T-Shirt Size: Sm Med LG XL XXL (Circle)
 TEAM NAME:

ENTRY FEES

1 EVENT: \$25.00
 2-EVENTS: \$40.00
 3 EVENTS: 45.00
 T-Shirts to all pre-registered

CHECK EVENTS YOU ARE ENTERING IN:

ROAD RACE
 SATURDAY, 9:30AM CAMP ALLEGANY CITIZEN/JUNIOR CAT 3-4 CAT 1-2 MASTERS

DOWNHILL
 SATURDAY, 2PM Patterson LEANTO BEGINNER SPORT EXPERT

TRIALS
 SATURDAY, 10am THUNDER ROCKS BEGINNER SPORT EXPERT PRO

SHORT TRACK XC (\$10)
 SATURDAY, 1PM CAMP ALLEGANY BEGINNER SPORT EXPERT

CROSS COUNTRY RACE
 SUNDAY, 10AM CAMP ALLEGANY BEGINNER SPORT EXPERT SINGLESPEED



KIDS RACE SUNDAY AT 1PM FREE!
 BIKE TOSS SUNDAY 2PM
 CHECK OUR EVENT BULLETIN BOARD AT THE
 CAMP ALLEGANY EVENT MIDWAY FOR UPDATES
 RACE-DAY REGISTRATION IS ALWAYS AVAILABLE
 FOR ALL EVENTS! SEE YOU THERE!
WWW.HFARTRATFUP.COM



KID'S RACE REGISTRATION AT 12:30PM ON SUNDAY AT OUR EVENT MIDWAY-2PM RACE START

RACCOON RALLY ACKNOWLEDGEMENT OF RISKS AND ASSUMPTION OF RISK RESPONSIBILITY

STATEMENT OF RISKS: There are significant elements of risk in any adventure, sport or activity associated with the outdoors, the use of bicycles, trails, roads, hiking, trail running, bicycle racing and associated activities tied to this event (referred to herein as "activity"). THE ACTIVITY IS NOT WITHOUT RISK. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damage to equipment, cause accidental injury, illness or in extreme cases, permanent trauma or death.

ACKNOWLEDGEMENT OF RISKS: I agree and understand bicycling, bicycle racing, jogging, hiking, friendly competition and racing is a HAZARDOUS activity. Further, I recognize that there are risks, including, but not limited to, uneven and/or slippery conditions, varying slopes, variations in terrain, bumps, loose gravel and dirt, paved surfaces, wet surfaces, holes and potholes, debris and other cyclists, spectators and competitors. I recognize that injuries are a common and ordinary occurrence of the activity. I hereby agree to freely and expressly ASSUME and accept ANY AND ALL RISKS OF INJURY OR DEATH while participating in the activity. I further acknowledge that I have made a voluntary choice to participate in the activity. I understand that helmets are a mandatory requirement in all of the activities associated with this event and that I take full responsibility with accommodating myself with a certified helmet to help protect myself at all times in all events.

I AM (WE ARE) AWARE THAT THE ACTIVITY MAY ENTAIL RISKS OF INJURY OR DEATH. I/WE UNDERSTAND THE DESCRIPTION OF THESE RISKS IS NOT COMPLETE AND THAT UNKNOWN OR UNANTICIPATED RISKS MAY RESULT IN INJURY, ILLNESS, OR DEATH AS A RESULT OF MY/OUR PARTICIPATION IN THE ACTIVITY.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: I agree to assume responsibility for the risks of the activity identified herein and those risks not specifically identified. Participation in the activity is purely voluntary. No one is forcing me to participate. I verify that I am physically fit, **not under the influence of alcohol or any drugs at this time** and sufficiently qualified, trained and capable to participate in the activity. I assume full responsibility for myself and any of my minor children for whom I am responsible, for any bodily injury, accident, illness, death, loss of personal property and expenses thereof as a result of any accident which may occur while I participate in the activity.

This agreement is governed by the applicable law of this state or province. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

I HAVE READ THE ACKNOWLEDGEMENT OF RISKS & ASSUMPTION OF RISK RESPONSIBILITY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM EXPRESSLEY ASSUMING THE RISK ASSOCIATED WITH THIS ACTIVITY.

Participant's Signature: _____ Date: _____

Parent/Guardian: I verify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of the participant and I agree to be bound by the terms and conditions stated above.

Parent/Guardian Signature: _____ Date: _____

Mail entry forms to Music X-Press PO Box 37 Buffalo, NY 14240
 Checks payable to Music X-Press