



Saturday, Sept. 5, 2009

Willcox, Arizona

MAGIC CIRCLE BIKE RIDE

Ride 66 or 33 miles

Willcox Chamber of Commerce & Agriculture

1500 N. Circle I Rd., Willcox, AZ 85643

Phone: 520-384-2272

willcoxchamber@vtc.net

This year's ride will be dedicated to home town cyclist Matt Peterson of Team Roaring Mouse in San Francisco, CA. Matt lived in and graduated from Willcox High School and was killed with another team member during a training ride. Send this form with your registration fee of \$15 plus your \$10 contribution to the Willcox Chamber of Commerce & Agriculture. All registration fees are non-refundable and not transferable. Proceeds from the bike ride will be donated to the Charles Wm. Leighton Jr. Hospice and the Gale Barton American Legion Scholarship Fund.

Name _____ Sex ____ Home Phone _____.

Address _____ Birth date _____ Work Phone _____.

City _____ State _____ Zip _____.

E-mail Address(optional) _____.

I will ride the:

66 Mile Ride – Leave by 7:00 a.m.

33 Mile Ride – Leave by 7:30 a.m.

No registrations will be accepted after start times

Registration will begin Saturday morning at 6:30 a.m. in Keiller Park.

All riders will leave from Keiller Park, 500 N. Bisbee Ave

Rider Waiver Form: All Rider Must Read and Sign this Form

As a participant in the Willcox Magic Circle Bike Ride you must obey all laws of the State of Arizona which may apply to your activities during this event especially traffic laws. All traffic signals, devices, and other traffic apply to you during this event. Unless instructed to the contrary by a law enforcement official, you must comply with all traffic regulations.

In consideration of my signing the agreement, I the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages or injuries including, but not limited to the loss of my bicycle, helmet or any other personal items, or any personal injuries as a result of my participation in this event against the State of Arizona, City of Willcox, any of the event sponsors or their representatives, or the Willcox Chamber of Commerce & Agriculture. I attest that I will participate in the event as a bicycling entrant, I will wear a CPSC/SNELL approved bicycle helmet, that I am physically fit and have sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all the foregoing to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose. I also understand that I am responsible for all my personal items including cameras, cell phones, clothes, bicycles, etc.

I understand all fees and collected contributions are not refundable, nor transferable.

Rider's Signature _____ Date _____.

Parent or Guardian (if rider is under 18) _____ Date _____.