



REGISTRATION FORM

✓ Bring registration form in person on Friday, August 10th
 Plano Cycling located at 605 18th Street, Plano, TX 75074
 Rockwall Cycling located at 939 I-30, Rockwall, TX 75032

ADULT REGISTRATION (please print clearly)

First Name: _____ Last Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____ Email: _____

Dry Fit shirts run 1 full size larger

*Adult XS=Youth Large

A=Adult XS-XXL

ADD-ON REGISTRATIONS

Rider Name

<input type="checkbox"/> Additional ADULT Bike Ride \$35.00			Adult (circle one) XS / SM / MED / LG / XL / XXL
<input type="checkbox"/> CHILD Bike Ride (12 and under) \$20.00		Child*	Adult (circle one) XS / SM / MED / LG / XL / XXL
<input type="checkbox"/> CHILD Bike Ride (12 and under) \$20.00		Child*	Adult (circle one) XS / SM / MED / LG / XL / XXL
<input type="checkbox"/> Adult Tandem \$30.00			Adult (circle two) XS / SM / MED / LG / XL / XXL

ADDITIONAL T-SHIRTS: \$16 each *price includes applicable sales tax (no shirt exchanges can be made until after ride)*

XS _____	SM _____	MD _____	LG _____	XL _____	XXL _____	\$16 x _____ =
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Total Amount Due:

*Would you like to make a donation to Rockwall Rotary Foundation? \$ _____

*Rockwall Rotary Foundation is a 501(C)3 non-profit organization with the IRS and your donations are tax deductible

PICK YOUR COURSE NOW:

- 7:30am start 56mi (Red-Route #1)
 - 8:10am start 42mi (Blue-Route #2)
 - 24mi* (Yellow-Route #3)
 - 12mi (Yellow-Route #3A)
- *12 Mile Course twice

EMERGENCY CONTACT INFORMATION:

Contact Name: _____	Phone: _____
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WAIVER AND RELEASE

In consideration of participation in the Hot Rocks Bike Ride (hereinafter referred to as the "event"), I, for myself, my heirs, executors, administrators, personal representatives, successors, and assigns, waive and release any and all rights, claims, damages, and causes of action I have or may in the future have relating to the event, including but not limited to, any claims or damages for personal injury or property damage, against the Rockwall Rotary Club, its officers, directors, and members, event sponsors and their affiliates, employees, and ownership, event volunteers, rest stop sponsor or property owners and representatives, the Cities of Rockwall, Royse City, and any other jurisdictions through which the ride takes place, the Counties of Rockwall and Collin, Rockwall and Community ISD's, Rockwall Parks Department, law enforcement agencies and departments and medical personnel that work on this event, and for all the aforementioned, their representatives and successors, that may arise as a result of participation in the event and any pre and post event activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical professional. I also attest and verify that my bicycle is in good working condition, has been maintained, and is safe for me to use in event. Further, I hereby grant full permission to the event representatives to use any photographs, videos, recordings, or any other record of the event for any legitimate purpose, including commercial advertising. I acknowledge and agree that the Rockwall Rotary Club does not make any warranties or representations regarding the event, that cycling on the road carries inherent risks, that the event takes place on public and open roadways with vehicular traffic, and that I hereby assume all risks and agree to obey all applicable laws and rules of the roadway. I understand and fully agree to this waiver and release. If any provision of this waiver and release is invalid or unenforceable, it shall be removed from this waiver and release and the remainder of the waiver and release shall be enforceable to the maximum extent of the law.

I understand and agree to the waiver and release

	Signatures	Printed Names	Dates
Ride Entrant	_____	_____	_____
Tandem Entrant	_____	_____	_____
<i>A parent or legal guardian must also sign this form for all ride entrants under 18 years of age as of the date of this signature, or for anyone who has been deemed to be incompetent.</i>			
Minor Entrant	_____	_____	_____

Payment Method: Cash _____ Check# _____ Card: MC V AMEX Last 4 _____