



**2010 Registration – Kickapoo BRAVE Ride  
One Day – Saturday, September 18, 2010**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender:      M      F      Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Please check(√) your selections:

	<u>By Sept 10</u>	<u>After Sept 10</u>
<input type="checkbox"/> Ride registration with dinner	\$35.00	\$45.00
<input type="checkbox"/> Ride registration without dinner	\$25.00	\$35.00
<input type="checkbox"/> Youth Ride with dinner (18 and under)	\$25.00`	\$35.00
<input type="checkbox"/> Youth Ride without dinner (18 and under)	\$15.00	\$25.00
<input type="checkbox"/> Vegetarian dinner selection requested		
<input type="checkbox"/> ____ (qty) additional dinners (8 and under eat free)	\$15.00	\$15.00
<input type="checkbox"/> T-shirt size:                      SM    MED    LG    XL	included	included
<input type="checkbox"/> ____ (qty) additional t-shirts: SM    MED    LG    XL	\$18.00 each	\$18.00 each

**Total enclosed** (payable to Community Development Alternatives, Inc.) \$ \_\_\_\_\_

Check your preferred route:    20 miles     40 miles     62 miles (100 km)     100 miles

Check if you need childcare during your ride:                       yes

**Please sign the waiver (required) on the following page and return it with the registration form to:**

Community Development Alternatives, Inc  
PO Box 72  
Prairie du Chien, WI 53821



## Community Development Alternatives, Inc.

315 E. Cedar, PO Box 72, Prairie du Chien, WI 53821 • Voice 608.326.7333 • Fax 608.326.1433

### Waiver

I wish to participate in the Kickapoo BRAVE Ride. In signing this release, I acknowledge that I understand its intent, and I for myself, my heirs, executors, administrators and representatives, do hereby agree and will absolve and hold harmless Community Development Alternatives, Inc and its representatives, Crawford County Tourism Council, event sponsors, cooperating organizations, volunteers, and any other parties connected with this event in anyway together with their respective successors and assigns (the "Sponsors") singularly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever, which may result from or be connected in any way to my participation in the Kickapoo BRAVE Ride.

I understand there are risks inherent with bike riding on public streets and highways where many hazards exist. I also understand that there will be a large number of cyclists, some of whom are inexperienced, creating further hazards. I am voluntarily participating in this event with knowledge of the hazards involved and accept all risks of injury, inconvenience, harm, loss or death.

I am physically capable of participating in the event and the equipment I will use will be in proper working condition. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I will read the event description and the rules of participation in the event and I will abide by all rules and regulations established by event organizers and personnel. I agree to wear a helmet, adhere to all other event rules, and conduct myself in a safe and prudent manner while participating in the event.

I consent to and permit emergency medical treatment in the event of illness or injury, including transportation to a medical facility, and will be responsible for any and all related costs.

I give the Crawford County Tourism Council of Community Development Alternatives, Inc. permission to use my (and any minor's) name and any photograph, voice or likeness of me during the event in any promotional materials or publications. I consent to and authorize in advance such use and waive my rights of privacy I have in connection therewith.

**We advise you to keep your medical information on your person such as wearing a medical ID bracelet.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_