

HIGHLANDER CYCLE TOUR

REGISTRATION FORM

Saturday, September 15, 2018

Rider Name _____ Age _____ M/F _____
 Street Address _____ Phone _____
 City _____ State _____ Zip _____
 E-mail Address _____ Club Affiliation (if any) _____
 Emergency Contact Name _____ Emergency Phone _____

RIDE CHOICES

Check One	Ride	Description
	Highlander Century	100 mi (road)
	Highlander Metric Century	100 K (road)
	Highlander Gravel Metric Century	100 K
	Highlander Lite	16-40miles (road)
	Highlander Mountaineer	40 K Mountain Bike

REGISTRATION FEES

Registration fee includes tour, specially labeled bottle from Arbor Hill, commemorative sticker and other Highlander giveaways, music & refreshments on course, and post-ride dinner and grape pie at Bristol Mountain.

Check one	Description	Snail Mail Fee (See website for reduced pricing via on-line)
	Before May 1	\$50
	May 1 – June 30	\$55
	July 1 – July 31	\$65
	Aug 1 – Aug 30	\$80
	Sept 1 – Day of Ride	\$100
	Child Under 16 – Must be accompanied by adult	\$25

RIDER GIVEAWAY PREFERENCES

Check One:

	Wine		Sparkling Grape Juice
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OPTIONAL PURCHASES

See website for details. All items to be picked up at event.

Enter Qty	Description	Cost
	Extra post-ride dinners for non-riders	\$15
	Custom Highlander T-shirt (short sleeve)	\$15
	Custom Highlander Cycling Jersey (while supplies last) Gender (check one): Women's ___ Men's ___ S ___ M ___ L ___ XL ___ XXL ___	\$75
	Custom Highlander Cycling Shorts (while supplies last) Gender (check one): Women's ___ Men's ___ Color (check one): Red ___ Black ___ S ___ M ___ L ___ XL ___ XXL ___	\$75
	Highlander Water Bottle (mixed years while supplies last)	\$5
	Highlander Music CD	\$5
	Highlander poster (Current Year Graphics)	\$5
	Highlander poster (mixed years while supplies last)	\$3



EXTRA CHARITY DONATION

All proceeds from event are donated to Mercy Flight Central and many local healthy lifestyle and green-space oriented charities (see website).

Amt.	<u>Tax-Deductible Donation for Charities</u> - receipt in your rider packet.
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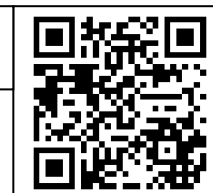
PAYMENT TOTAL

	Enter total of Registration Fees & Optional Purchases & Charity Donation
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Mail registration form with check made out to:

Highlander Cycle Tour
75 Misty Pine Road
Fairport, NY 14450

For more
info:



WAIVER & RELEASE FORM

The undersigned wishes to participate in the Highlander Cycle Tour (HCT) fully understanding the inherent risks involved in road cycling and knowingly accepting those risks. For myself, my heirs and legal representatives, I hereby release, indemnify and agree to hold harmless The Highlander Cycle Tour Organizers, and any officers, directors, representatives, employees, agents, volunteers, participants and sponsors of and from any and all losses, costs, damages, claims, demands, rights and causes of action of whatever kind or nature, including reasonable attorney fees, and including any and all negligence claims or causes of action, which may arise and which result from illness, personal injuries, property damage, death or of any other damages or injuries not included herein, occurring during, or as a result of, my participation in the HCT. In further consideration of my being granted the right to participate in the HCT, I do hereby consent to and authorize the HCT, its officers, directors, representatives, employees, agents, volunteers, participants and sponsors, to obtain emergency medical treatment for me in case of any illness or injury resulting from or occurring during my participation in the HCT. I understand and accept that any medical costs incurred with respect to emergency medical treatment will be my responsibility. I agree that I will, at all times during my participation in the HCT, adhere to all safety rules and obey applicable local roadway and/or street signs, and regulations of the HCT which includes wearing a helmet at all times while riding my bicycle. I am of legal age and fully competent, have read this Waiver and Release and fully understand it and, if not of legal age, that my parent or legal guardian has fully read the above Waiver and Release and understands it and that I am fully bound by their signature. I understand an ANSI or SNELL approved helmet is required to be worn while riding. I understand that my name, address, photograph, video appearance, voice and/or likeness may be used in promotional or advertising or documentary materials of or by HCT or their licensees. I consent to such uses and waive any rights of privacy or publicity I may have in connection with those uses.

Signature _____ Date _____

Parent or guardian signature required if participant is under age 18.