



2002 Bike-a-Mania

Saturday April 20, 2002
APPLICATION FORM

Entrants must be 18 or older for the events on race day. This event is open to students, faculty and staff at Texas Tech University. Entry fee must accompany completed, signed application form. Please arrive approximately 30 minutes before your race so you can check in and warm up. Complete **ALL** information below.

Last Name _____ First _____ MI _____
 Street Address or P.O. Box _____
 City _____ State _____ Zip Code _____
 Home Phone () _____ Work () _____
 E-Mail Address _____
 In Case of Emergency Contact _____
 Phone: () _____
 T-shirt Size: S M L XL XXL

Method of Payment: Check Cash _____

Fee Schedule: \$15 per participant, includes all races

- Race One 8:05 a.m.: Advanced Division, Male
- Race Two 8:45 a.m.: Advanced Division, Female
- Race Three 9:25 a.m.: Novice/Open Division, Male
- Race Four 9:55 a.m.: Novice/Open Division, Female
- Race Five: Relays, by team size and gender, starting with 2 man

***Relay Team Division only:**

Names of Team members with their event. Relays will start with two person teams and work up in size until everyone is done:

	Bike1	Bike2	Bike3
Last Name _____ First _____ MI _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name _____ First _____ MI _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name _____ First _____ MI _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name _____ First _____ MI _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATEMENT OF INTENT FOR PARTICIPATION

As an entrant in the April 20, 2002 Bike-a-mania event (endorsed by my signature below), I understand and will abide by the rules as established by the sponsoring organizations.

Printed name _____

Signature _____

Age on race day _____

Today's date _____

WAIVER—a signature and date are required...

PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL)

I acknowledge that a cycling event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THESE EVENTS. I certify that I am physically fit, have sufficiently trained for participation in this event(s), and have not been advised against participation by a qualified health professional.

In consideration for allowing me to participate in these events, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I AGREE to abide by the Competitive Rules adopted by the sponsoring organizations, including the Medical Control Rules as they may be amended from time to time, and I acknowledge that my participation may be revoked or suspended for violation of the Competitive Rules; (b) I AGREE that prior to participating in an event I will inspect the race course, facilities, equipment, and areas to be used and if I believe any are unsafe I will immediately advise the person supervising the event activity facility or area; (c) I WAIVE, RELEASE, AND DISCHARGE from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of or relate to my participation in or my traveling to and from this event, THE FOLLOWING PERSONS OR ENTITIES: PHI KAPPA PSI MEMBERS, TECH CYCLING ASSOCIATION, EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL STATES, CITIES, COUNTIES, OR LOCALITIES IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS OF ANY OF THE ABOVE, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY; (d) I ACKNOWLEDGE that there may be traffic or persons on the course route, and I ASSUME THE RISK OF BIKING OR PARTICIPATING IN ANY OTHER ACTIVITY HELD DURING THIS EVENT. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in the event activities including but not limited to falls, contact and/or effects with other participants, effects of weather including heat and/or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers or boats, and any hazard that may be posed by spectators or volunteers, all such risks being known and appreciated by me, and I further acknowledge that these risks include risks that may be the result of the negligence of the persons or entities mentioned above in paragraph (c) or of other persons or entities; (e) I AGREE NOT TO SUE any of the persons or entities mentioned above in paragraph (c) for any and all claims, losses, or liabilities that I have waived, released, or discharged herein; (f) INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above in paragraph (c) from any and all claims made or liabilities assessed against them as a result of (i) my actions or inactions, (ii) the actions, inactions or negligence of others including those parties hereby indemnified; (iii) the conditions of the facilities, equipment, or areas where the event or activity is being conducted; (iv) the Competitive Rules; or (v) any other harm caused my an occurrence related to this event; and (g) I GRANT PERMISSION for the use of my name and/or likeness relating to my participation in this event, and I WAIVE all right to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OR OLDER FOR THE EVENT, HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

Printed Name _____ **Signature** _____

Date _____

Send both fees and entry form(s) to:

Dr. Brian D. Carr 3410-22nd Place Lubbock, Texas 79410