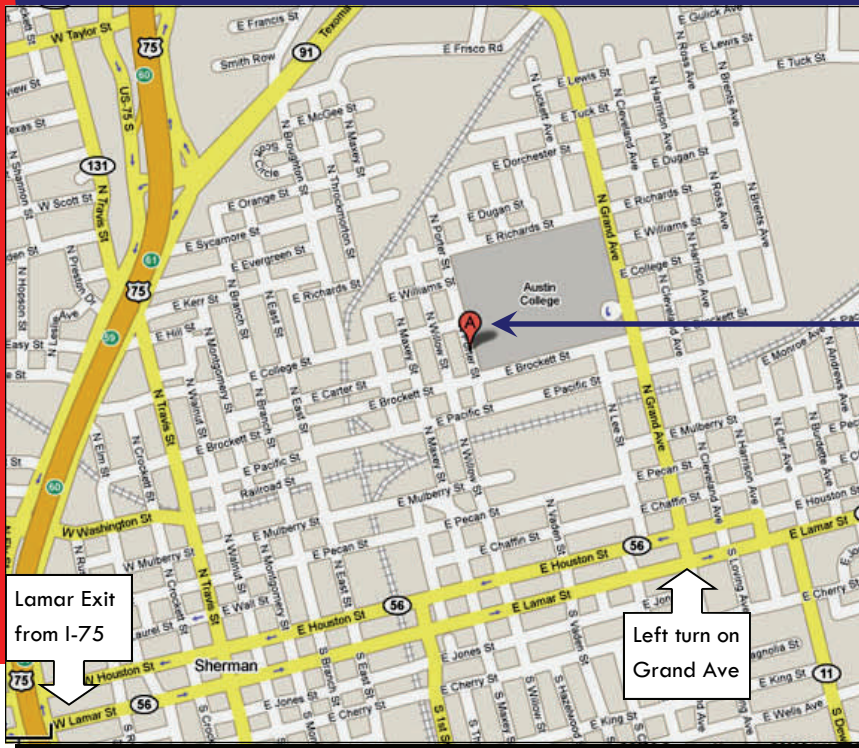




Thank You Sponsors



Start/Finish
Apple Stadium
Austin College
800 N. Porter St.
Sherman, TX
8 a.m.

SHERMAN KIWANIS CLUB

presents



**AUGUST 15,
2009**

**SHERMAN,
TEXAS**

REGISTRATION FORM

www.kiwanisredriverrally.com

www.kiwanisredriverrally.com

2009 RED RIVER BIKE RALLY

- ◆ Saturday, August 15, 2009
- ◆ Registration opens at 6 a.m.
- ◆ Staggered start at Austin College Apple Stadium at 8 a.m.
- ◆ Packet pick-up for early registrants: Nautilus Bicycle Center, Sherman, TX on Aug 12-14.
- ◆ Four routes planned: 27, 44, 66 and 100 miles.
- ◆ All routes are on county roads with little traffic in the beautiful North Texas country.
- ◆ Port-O-Potties and fully stocked rest stops available every 15 miles.

Charities supported by the Sherman Kiwanis Club & the Red River Bike Rally:

- Sherman Education Foundation
- Girls Inc. -Boys & Girls Club
- CASA -Women's Crisis Center
- Habitat for Humanity
- Children's Advocacy Center

WIN A BIKE!
WINNER DRAWN 10 MINUTES
PRIOR TO START AND MUST BE
REGISTERED WITH A NUMBER



Please print legibly /one rider per entry form

Last Name _____

First _____ M.I. _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Age as of 8/15/09 _____

Sex: M F

Guaranteed shirt size:

S M L XL XXL

Proposed Distance (approx):

27mi 44mi 66mi 100mi

REGISTRATION

Registration fee is non-refundable! (Cash or check only, or register & pay by credit card online at www.kiwanisredriverrally.com) All registration fees include a raffle entry for the mountain bike and door prizes. \$5 discount/person for families, tandems, or clubs > 5 riders.

Early: (post marked before 8/1/2009)

- \$25.00 registration per rider
- Rally t-shirt guaranteed

Regular: (post marked after 8/1/2009)

- \$30.00 registration per rider

Send entries to:
SHERMAN KIWANIS CLUB
P.O. BOX 592
SHERMAN, TEXAS 75091

Fax: 903-893-4266

E-mail: jvanbeb@cableone.net

Waiver and Release

1. I realize Sherman Kiwanis Club (SKC) Red River Bike Rally involves bicycling, which can be a HAZARDOUS activity. I recognize that bicycling requires physical conditioning and I represent that I am in sound physical condition and that I have no physical or medical conditions that would endanger either others or myself. 2. I understand that the bicycling activity may be conducted over public roads upon which the hazards of traveling are to be expected. I acknowledge that the SKC has no responsibility for the condition or maintenance of the roads or facilities upon which the SKC activity will be conducted. I agree to accept responsibility for the condition of my bicycle and I agree to wear an ANSI, Snell, ASTM or CPSC-approved helmet while on my bicycle during the SKC bicycling activity. 3. I agree, as a consideration of, and in consideration for, being allowed to participate in the SKC bicycling activity, to freely and expressly assume all risks of injury or death to me, or property loss or damage, including injury, death, loss or damage attributable to the negligence of the SKC and the spouses, promoters or affiliated organizations, and their respective agents, directors, officers, volunteers and employees (the "Released Parties"). 4. I also agree to release and forever discharge the Released Parties from any and all responsibility or liability for all injuries or damages that result, either directly or otherwise, from my participation in or attendance at the SKC bicycling activity. I agree not to make a claim against or sue the Released Parties for injuries or damages relating to the SKC bicycling activity. I further agree to indemnify and hold harmless the Released Parties for all expenses incurred due to my participation in the SKC bicycling activity, including medical and legal or other expenses. As liquidated damages, I hereby agree that if any of the Released Parties are forced to defend any action, lawsuit or litigation by me, my executors, or my heirs on my behalf, I agree to pay the Released Parties' costs and attorney's fees if they successfully defend such action, lawsuit or litigation. 5. If I am injured or become ill, I give permission for transportation to any medical facility and/or hospital and I consent to and authorize the provision of emergency first aid or medical treatment. I agree to be solely responsible for any costs related to such first aid or treatment. 6. I further agree to allow all photographs, video and/or digital images reproduced in association with the SKC bicycling activity to be used in any way by the SKC, and release all claim to rights in and to those images, without restriction.

Signature of rider

Signature of parent if rider is under 18

For more information:
www.kiwanisredriverrally.com;
John Van Bebber at
903-815-1068
jvanbeb@cableone.net; or
Charlie Jenkins at
903-624-9744
sk8erbyker@gmail.com

WWW.KIWANISREDRIVERRALLY.COM