



# Day of Ride Registration

Please submit a separate form for each rider

## 2021 Lake Chelan Century Challenge Saturday, September 18, 2021

Name						
First		Middle			Last	
Age			Gender		e-mail address	
Year	Month	Date	Male	Female		
Home Phone			Mobile Phone			
( )			( )			
Address						
Street/Appt.			City		ZIP Code	State

**Category**

Single Adult >18       Master >60       Student <18

**Waiver**

I understand that I am applying to ride in an open roadway bicycle event on state and county roads and highways. I may choose to ride any or all loops of the ride so long as I complete them as directed, and know that all risks, hazards and difficulties foreseen or unforeseen on the event day are assumed by me. I release, discharge and hold harmless the volunteers, sponsors of the event, the Chelan Rotary Club and its members, the Washington State Transportation Commission, the Washington State Patrol, and any other law enforcement officers and employees from all claims, demands and causes of action from any damage, loss or injuries which may result from my participation in the Chelan Century Challenge.

I recognize that this event is strenuous and acknowledge that I am experienced and have conditioned myself sufficiently to participate. I will obey all pertinent laws related to cycling on public roads. I certify that I will be wearing either an Ansi or Snell approved helmet.

I further grant unqualified permission to use my photograph, name or comments relative to this event for publicity or promotion of the ride without any obligation to me or liability to the sponsors.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Lake Chelan Century Challenge  
PO Box 601, Chelan, WA 98816**