

THE PETER ODELL MEMORIAL RIDE
SUNDAY – SEPTEMBER 5th, 2010

BICYCLE CLUB
OF PHILADELPHIA

Registration

David Ziccardi
2523 Parrish Street
Philadelphia, PA 19130
267-230-8995

Registration and Fee Deadline Wednesday, September 1st. Event limited.

BCP reserves the right to cancel this event if insufficient sign-ups are received.

Miles (Circle One) 125 90 70 50

Cost \$65 (members) \$75 (nonmembers)

Make Checks payable to **Bicycle Club of Philadelphia**

Buses leave the Art Museum at 6:00 AM with your baggage for those taking the bus to New Hope and other starts, and leave New Hope at 7:30 for the 70 and 50 mile starts. Buses leave New York at 9:00 PM SHARP.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Cell Phone on the day of the Ride _____ E-mail _____

See release on next page

Bicycle Club of Philadelphia Release (Must be signed by each participant) Rider Release: In signing this release for myself, or for the named applicant if applicant is under the age of 18, I agree and understand that participation in this Bicycle Club of Philadelphia ("BCP") sponsored event is a purely voluntary recreational activity. For cycling events, it is BCP's policy that all participants obey all traffic laws, wear an approved safety helmet and are prohibited from wearing earplugs or earphones. Furthermore, by participating in this BCP event, I hereby represent that I am physically able and capable of meeting the stresses and demands of this activity, agree to act safely and obey any rules or regulations applicable to this event, am able to operate my bicycle properly and safely, and my bicycle is in good and safe mechanical and operating condition. I acknowledge that I am aware of the risks and dangers inherent in participating in this BCP event and knowingly and voluntarily assume the risk of injury resulting there from, including the acceptance of all anticipated and unanticipated risks associated with bike riding on roadways concurrently traveled on by other actors, such as, but not limited to, motor vehicles, pets, and animals. I understand that supervision, training or oversight may not be provided by BCP with respect to this event. By signing below and in consideration for being allowed to participate in this BCP event, I acknowledge that BCP and its directors, officers, members, volunteers, contributors, sponsors, ride leaders, and other event coordinators a) are not insurers of my personal safety or my property, b) do not assume any liability for personal injury or property loss sustained during this BCP event and c) are released from any and all liability, specifically including, but not limited to, liability for their negligent, careless, reckless, grossly negligent, or intentional acts, stemming from or relating to this BCP event. I have read and understood this notice and release, and intend to be legally bound by it, from or relating to past or future BCP sponsored events or activities.

Signature _____

Date _____

In case of emergency, please call: Name _____

Telephone _____

Address _____
