

### Silver Comet Trail Ride: Memorial Day Weekend (May 25-26)

All fields must be completed. All forms and monies are due by May 10, 2014 Email questions to: <a href="mailto:help@davekrache.com">help@davekrache.com</a>

Please note: The short route will cover roughly 65 miles (15 - 17 mph avg.) both days.

Please note: The long route will cover roughly 90 miles (17 - 19 mph avg.) both days.

#### **Registration Form**

Last name:	First name:
Address:	
Phone number:	Email address:
Emergency contact name and ph	one number:
•	XXL XXXL T-Shirt Size: S M L XL XXL s only guaranteed to first 40 registries)
Rider's signature:	Date:
Rider's guardian's signature (if rid (All minors must be accompanied	der is under 18) If by a parent or guardian)
	kmart trailhead – estimated 65 miles each day blogy Bike Shop – estimated 90 miles each day
Hotel room: Pair me up with rider name Pair me up with another rid I'd prefer a single room (inc	ler clude an additional \$50)
-	cheer you on, and staying for <b>dinner</b> , contact Allison at <u>allison@davekrache.com</u> cheer you on, and staying <b>overnight</b> , contact Allison at <u>allison@davekrache.com</u>
ii you nave non-nuers conning to	theer you on, and staying <b>overnight</b> , contact Amson at <u>amson@davekrache.com</u>

Your application fee of \$125.00 provides:

- Swag bag with t-shirt
- Castelli cycling jersey (guaranteed to first 40 registries) MSRP \$100.00
- SAG stops with snacks, water, and support
- Hotel room (double occupancy)
- Dinner (Sunday night)
- Breakfast (Monday morning)
- Photographs shot by Matt Giddens Digital
- Community support leading up to and on the day of the ride
- Transportation of overnight bag to hotel from start of ride
- Option to schedule on-site massage at hotel Sunday after right
- 1 entry to win prizes at the Sunday dinner (for an additional \$10/ticket, more chances may be purchased)

Your participation will help kids receive bikes and be able to enjoy the sport of riding

Drop off your registration form, this payment form, waiver, and check made payable to The Dave Krache Foundation to:

Cycology Bike Shop 4484 Jimmy Lee Smith Parkway Hiram, GA 30141

Or

Mail to:

The Dave Krache Foundation/Cycology Bike Shop SCT ride c/o Allison Giddens
1635 Old 41 Hwy NW, Ste 112-236
Kennesaw, GA 30152

	Number of riders: 1 x \$125.00 = <u>\$125.</u>
	Number of additional door prize tickets: x \$10.00 =
	Number of additional attendees for dinner: x \$15.00 =
	Add \$50.00 if you would like your own hotel room:
	Additional donation to The Dave Krache Foundation (tax-deductible):
	Total:
Please make out checks to <b>The Dave Kra</b> c	che Foundation. Put "Bike Ride" in the memo line.
Credit cards are also accepted. Please no	ote that a 5% surcharge will apply for credit card transactions.
Name on card	<del></del>
Credit card number	
Exp Date Security Code	
•	the Dave Krache Foundation has processed your registration form.  d up from CycologyBike Shop. You will be notified when they are available.
	Cycology Bike Shop/DKF Use Only:
Date Received:	RECEIVED:
Time:	Page 1 of applicationPage 2 payment info
	Payment method Chck #

Signed waiver

Initials: \_\_\_\_\_

# THE DAVE KRACHE FOUNDATION/CYCOLOGY BIKE SHOP 2014 SILVER COMET TRAIL CHARITY BIKE RIDE

### WAIVER AND RELEASE OF LIABILITY

(READ BEFORE SIGNING)

The undersigned hereby acknowledge that by signing this Agreement, they are assuming risks and agreeing to indemnify, not to sue, and agreeing to release from liability The Dave Krache Foundation and Cycology Bike Shop, its subsidiaries, affiliates, officials, agents, employees, leaders, volunteers, agents, sponsoring agencies, sponsors, members, participants, clubs, teams, riders and if applicable, owners and lessor's of premises used for activities (hereinafter collectively referred to as "Releasees"). It is further understood that the undersigned are giving up substantial legal rights.

In consideration of my voluntary participation in this Dave Krache Foundation/Cycology Bike Shop event, the undersigned voluntarily makes the following agreements. The undersigned acknowledge that the sport of cycling, is an inherently dangerous sport, including but not limited to dangers associated with man-made obstacles or natural surface hazards, trees, logs, vegetation, water, pot holes, rocks, cold weather, extreme heat, rain, other bicycles, other riders, pedestrians, vehicles, fixed or moving objects, equipment failure, inadequate safety equipment, and use of equipment or materials provided. Safety equipment includes the use of a safety helmet, which the undersigned have selected and which satisfies one of the ride requirements The Dave Krache Foundation/Cycology Bike Shop have mandated for all participants, to protect against serious head injury.

The undersigned ACKNOWLEDGE AND FULLY ASSUME THE RISKS associated with participating in activities, as listed above and including the Releasees' own negligence and the negligence of others. The undersigned fully understand that cycling activities include the potential for serious physical injury, permanent paralysis and/or mental injury, disability or death, loss or damage to person or property associated with presence or participation in the activity. The undersigned understand that particular skills, equipment and personal discipline may reduce the risks, but that risk of serious injury exists.

The risks include, among other things: the dangers of collision with pedestrians, vehicles, other riders, and fixed or moving objects; the dangers arising from surface hazards, including trail irregularity, equipment failure, inadequate safety equipment, use of equipment provided by The Dave Krache Foundation/Cycology Bike Shop or others; motor vehicle accidents; the releases own negligence; the negligence of others; weather conditions; the possibility of serious physical and/or mental trauma or injury, or death associated with this event; slipping and falling; falling objects; water hazards; drowning; exhaustion; exposure to temperature and weather extremes which could cause: hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life.

On behalf of self, spouse, heirs, executors, administrators, legal representatives, assignees, and successors in interest (hereinafter collectively "Successors"), the undersigned hereby RELEASE, INDEMNIFY AND HOLD HARMLESS the Releasees. The undersigned hereby waive any and all rights and claims, including claims arising from the Releasees' own negligence, which the undersigned has, or which may hereafter accrue, and from any and all damages which may be sustained by the undersigned directly or indirectly in connection with, or arising out of, participation in or association with the events, including any activities incidental thereto, wherever or however the same may occur.

The undersigned participant agrees that it is their sole responsibility to be familiar with the event course and agenda and the Releasees' rules and any special regulations for the event. The undersigned agree to comply with Releasees' rules and regulations/stated and customary terms and conditions for participation. The undersigned participant agrees to ride and otherwise participate so as to neither endanger myself nor others. If the undersigned participant observes any unusual significant hazard during my presence or participation, the participant will remove themselves from participation and bring to the attention of the ride leader, said hazard immediately. The undersigned participant accepts

full responsibility for the condition and adequacy of my equipment or any equipment provided for use. The undersigned participant agrees to wear a helmet, which satisfies the requirements of Releasees' rules and regulations, the purpose of which is to protect against serious head injury, and the undersigned assume all responsibility and liability for the selection of such a helmet.

The undersigned participant hereby certifies that I have no physical or medical condition which would endanger myself or others, or interfere with my ability to safely participate in this event.

The undersigned agree, for self and successors, that the above representations are contractually binding, and are not mere recitals. The undersigned understand that if claims are made against Releasees that the undersigned will be responsible for any costs and fees incurred by Releasees in defending the claims.

This Agreement may not be modified in any way, and not orally. This Agreement shall be effective for injuries now or which may hereinafter occur in the future, whether known or unknown.

The undersigned hereby agrees to hold harmless any and all Releasees, from any liability for ordinary negligence.

The undersigned hereby expressly agree that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read the	e above carefully before signing and	understand its terms, including giving up substantial legal rights.	
 Dated	Signature of Participant	Printed Name	-
Date of Birth		Home Phone #	
	CONSENT AND REL	EASE OF PARENT OR LEGAL GUARDIAN	
cycling. I have consideration binding on me	e read and understand the above Ag of allowing my child to voluntarily p e, my child, my heirs, legal represent	(Participant). My child is fit for participation in the sporteement, and agree to the Release of Liability as set forth above. articipate, I consent to the Agreement and its terms shall likewise atives and assignees. I hereby, for myself, my child and my heirs, SS the Releasees, whether or not arising from the negligence of the second s	In e be
claims of liabil direct or indire	ity that I or my child may allege again	defend, indemnify and hold harmless the Releasees from any animst Releasees, (including reasonable attorney fees and costs), as my child's participation in the activities offered by Releasees, where its.	a
I have read the	e above carefully before signing and	understand this waiver.	
 Dated	Signature of Parent or Legal Guard	dian Printed Name	

## **General Rules and Regulations**

- The ride is rain or shine.
- You must be able to ride, unassisted, the full distance (of your chosen route) on Sunday, and the full distance (65 miles at 15-17 mph or 90 miles at 17-19 mph) on Monday at the minimal scheduled average pace listed on the entrance form.
- All riders must wear their helmet at all times while riding. No exceptions.
- All minors must be accompanied by a parent or guardian.
- The long route will begin and end at the Cycology Bike Shop parking lot. You may park there overnight. Riders depart at 11am Sunday.
- The short route will begin and end at the Rockmart trailhead Gazebo. You may park there overnight. When you check in we will point you to the designated parking area at the Rockmart police station. Riders depart at 11:30am Sunday.
- There will be a dinner provided on Sunday night shortly after all riders have checked in to the hotel. If you have particular dietary restrictions, we will do our best to accommodate. Please contact Allison at <a href="mailto:allison@davekrache.com">allison@davekrache.com</a> no later than April 1, 2014.
- You will be contacted via email the week before the ride with final details.
- Bottled water and snacks will be provided at a SAG stop during the ride each day. It will be important to wear your wristband at all times so volunteers at the station know you are a participating rider.
- There will be door prizes given out on Sunday night at the dinner. Each registered rider will receive one ticket. To increase your chances of winning, additional tickets can be purchased before the ride via The Dave Krache Foundation and also at Cycology Bike Shop. Additional tickets can also be purchased at the hotel during dinner.
- The Dave Krache Foundation has the right to refuse a person from participating for any reason.
- There will be opportunities to schedule an on-site massage at the hotel Sunday evening after the ride. Each massage will be 15 minutes and will cost \$20 (the first massage will start at 7:00 pm and the last massage will start at 9:40 pm). You are able to book multiple slots together for a longer massage. For more information, please contact Ira Hochberg at <a href="mailto:ira@cycologybikeshop.com">ira@cycologybikeshop.com</a> or Allison at <a href="mailto:allison@davekrache.com">allison@davekrache.com</a>. As there are a limited number of appointment slots, we expect this will book up quickly. If interested please reserve your spot today. Cash payment only at the time of your massage.
- If you are unsure what to take on the ride, or unsure how to prepare, please stop in to Cycology Bike Shop. Mike and Ira will be happy to help you prepare!
- Patronize your sponsors! They've made this happen!