



CYCLE FOR INDEPENDENCE  
**May 22, 2010**  
 OFFICIAL ENTRY FORM  
 Treasure Valley Chapter  
 National Federation of the Blind of Idaho



**Helmets Required**

Each rider must fill out a separate entry form.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please mark if you are a student and which ride you choose.

Only riders who pre-register on or before **May 17, 2010** receive a free pair of bike socks!

<b>Route Entry</b>	<b>Fees</b>	<b>Team Fees</b>	<b>Students</b>
<input type="checkbox"/> Metric Century	\$35.00	\$30.00	\$20.00 any route \$15.00 on a team
<input type="checkbox"/> 25-Mile	\$35.00	\$30.00	Students 16 or older MUST include student id.
<input type="checkbox"/> 10-Mile	\$30.00	\$25.00	# _____ & School _____

Students **under 16 years must be accompanied** by a responsible adult on the route.

**TEAMS MUST PRE-REGISTER** A team consists of 5 riders or more. Pick a Captain & join the fun!  
 To pre-register, this form must be received on or before **May 17, 2010**.

Team/Company Name: Team Reel Theatre

Team Contact/Captain: Ladd Williamson Phone: 695-6539

Mail this form with check or money order payable to: \$ \_\_\_\_\_ **Enclosed.**

Treasure Valley Chapter, NFBI  
 P.O. Box 2007  
 Boise, ID 83701

**ONLINE REGISTRATION ALSO AVAILABLE AT [WWW.TVCBLINDIDAHO.ORG](http://WWW.TVCBLINDIDAHO.ORG)**

**Waiver:** I hereby represent that I am in good physical condition for this ride. I understand that this is a noncompetitive ride and not a race. A helmet is required to participate, and I agree to wear a helmet designed for bicycle riding. By signing this form, I waive any claims of action I may have against the Treasure Valley Chapter, National Federation of the Blind of Idaho, the state of Idaho, the City of Boise, and Ada/Canyon counties from all liability arising out of injury to persons or property, and any loss, damages or expenses arising out of my participation in the Cycle for Independence. I also agree to wear identification provided by Cycle for Independence during the ride.

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

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If rider is under 18 years of age parent or guardian must also sign.

**Thank you for supporting the blind of Idaho!**