

Bike Race Series (BRS) - Rider Registration Form

Personal Information

First Name: _____

Last Name: _____

Street Address: _____

City: _____

Postal Code: _____

Country: _____

Date of Birth (DD/MM/YYYY): _____

Age: _____

Gender:

Female

Male

Other

Prefer not to say

Contact Information

Mobile Phone: _____

Email Address: _____

Club Membership (if applicable)

UCI-Affiliated National Federation

British Cycling

Fédération Française de Cyclisme

Federació Catalana de Ciclisme

Other: _____

None

Bike Race Series (BRS) - Rider Registration Form

Previous Competitive Cycling Experience

- None
- Local Trail/Community Races
- Enduro/Downhill Regional Events
- Cross-Country (XCO)
- One Season
- Two or More Seasons
- Elite/UCI-licensed Rider

Cycling License

- None
- National Federation License
- UCI License

License Number (if applicable): _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Rider Agreement

I agree to abide by all rules and safety regulations of the Bike Race Series (BRS). I understand that mountain biking is inherently dangerous and involves the risk of serious injury or death. I acknowledge that it is my responsibility to ensure my equipment is safe and that I ride within my abilities.

By signing below, I waive all liability and indemnify BRS, its organizers, volunteers, affiliates, and the

Bike Race Series (BRS) - Rider Registration Form

race venues from any claims or damages arising from participation in the series.

Rider's Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____