

STAGECOACH *CROSS COUNTRY & SUPER D* REGISTRATION FORM

July 28 & 29, 2012 * Jacksonville, Oregon

Name _____

Club/Team _____

Street _____

City _____ State _____ ZIP _____

Phone _____ E-Mail _____

OBRA Member # _____ Race Age (Age as of 12/31/12) _____



CROSS COUNTRY Entry Fee <i>SATURDAY</i>	\$35.00
CROSS COUNTRY Junior (18 & Under) Entry Fee	\$25.00
SUPER D Entry Fee <i>SUNDAY</i>	\$35.00
SUPER D Junior (18 & Under) Entry Fee	\$25.00
LATE FEE (After July 22, 2012)	\$5.00
TOTAL ENCLOSED	\$

*Single Event and Junior Annual OBRA License are included in price of entry.

Annual OBRA License is required to qualify for State Championships

MEN

STATE CHAMPIONSHIP CATEGORIES

Cat 1 = Expert Cat 2 = Sport Cat 3 = Beginner

1	PRO MEN	5	SINGLESPEED MEN	9	AGE 15-16	13	AGE 40-49
2	CAT 1	6	CLYDESDALE 200+	10	AGE 17-18	14	AGE 50-59
3	CAT 2	7	AGE 10-12	11	AGE 19-29	15	AGE 60+
4	CAT 3 (BEGINNER)	8	AGE 13-14	12	AGE 30-39		

WOMEN

STATE CHAMPIONSHIP CATEGORIES

Cat 1 = Expert Cat 2 = Sport Cat 3 = Beginner

16	PRO WOMEN	20	SINGLESPEED WOMEN	24	AGE 17-18	28	AGE 50-59
17	CAT 1	21	AGE 10-12	25	AGE 19-29	29	AGE 60+
18	CAT 2	22	AGE 13-14	26	AGE 30-39		
19	CAT 3 (BEGINNER)	23	AGE 15-16	27	AGE 40-49		

Please mail registration by 7/22/2012

Checks payable to:

ECHOLON EVENTS LLC

PO BOX 1180

Phoenix, OR 97535-1180

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participant in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event. The FOLLOWING ENTITIES OR PERSONS: The Oregon Bicycle Racing Association, their directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

The AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand it's content.

Who to notify in case of emergency: _____ Phone: _____

Signature of entrant: _____ Date: _____

PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Signature of parent or guardian: _____ Date: _____