

2010 DIABLO CENTURY ENTRY FORM



(1 form per person)

First Name: _____ Last Name: _____

Address: _____ City: _____

State _____ Zip _____ Age: _____ (if under 18) _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Emergency Phone: _____

Route (circle one) ___25Mile ___100K ___100Mile

T-shirt *optional* Adult Small Medium Large X-Large (*circle one*)

Registration is limited to the first 750 applications received. Those received after this limit will be returned. No rebates for no-shows or inclement weather.

FEES

Single Rider \$50

Tandem Team \$100

**Complete one entry form for each person and mail in one envelope.*

Fees: Registration (\$50/\$100) _____

Additional After-ride BBQ tickets @\$10 each _____

TOTAL ENCLOSED _____

Applications without signed release will be returned with your check!

*****No rebates for 'no-shows' or inclement weather*****

Make checks payable to CCJCC and mail to:

Diablo Century
2071 Tice Valley Blvd.
Walnut Creek, CA 94595

Any registration made for the Diablo Century 2010 not on official registration form, or not accompanied by the signed release, and/or paid electronically implies concurrence with and a signature thereon of the release and waiver of liability, assumption of risk and parent consent agreement (herein).

THE DIABLO CENTURY

Sunday, April 25th, 2010

It's time for the Diablo Century!

All participants will get a route map and a commemorative t-shirt.

START: Contra Costa JCC, 2071 Tice Valley Blvd, Walnut Creek, CA 94595

SUPPORT: Vehicles will be available to collect those suffering from physical, mechanical or mental breakdowns.

PARKING: Parking is limited on the JCC campus. Out of respect to our neighbors, we ask that you do not park on the street outside of the JCC. Parking is available in the parking lot on the corner of Tice Valley and Rossmoor Parkway. Please park there and then ride over to the school (see attached map for directions).

QUESTIONS: E-mail DiabloCentury@ccjcc.org or call (925) 938-7800.

REGISTRATION:

6:30-8:00 a.m. for 100k and 100-mile.

8:00-10:00 a.m. for the 25-mile.

No mass start, so leave after you register.

DIABLO 2010 RULES

Riders under the age of 14 **must** ride with a responsible adult AND **must carry** the Medical Release Form signed by a parent or guardian.

It is the rider's responsibility to bring a bicycle that is in safe operating condition.

Do not leave bicycles unattended. The CCJCC can not be responsible for lost or stolen property.

CCJCC reserves the right to refuse participation to any rider not conforming to the rules.

Ride single file where there is **ANY** traffic and obey the California Vehicle Code.

FEES: \$50 per person or \$100/tandem.

I agree to sign the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT on the opposite side of this form. If I decide not to sign this agreement, I will not register.

Riders must obey all California traffic laws and must wear ANSI, ASTM or Snell approved helmets.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way Contra Costa JCC or JFCS East Bay sponsored Bicycling Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own

actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE THE CCJCC or their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or any cost which may incur as the result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Signature of applicant, only if 18 or over

Printed name _____

Date _____

Any Minor must bring this form to the ride!

(One form per child).

KEEP THIS MEDICAL RELEASE FORM WITH MINOR

*****DO NOT MAIL*****

Medical Authorization and Consent to Minor Rider pursuant to California Civil Code, Section 25.8;

Minor to carry on the day of the ride.

Name of Minor _____ Date of Birth _____

The undersigned does hereby authorize CCJCC or such substitute as they may designate, as agent for the undersigned to consent to any X-Ray examination, anesthetic, medical, dental, or surgical treatment, and hospital care for the above minor, which is deemed advisable by and to be rendered under the general or specific supervision of any Physician and Surgeon under the Provision of Medicine Act, and/or Dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said Physician or Dentist, at a hospital, or elsewhere. This authorization will remain effective while the above minor is en route to and from, involved or participating the Diablo Century, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Parent of Guardian Signature _____

Date _____ Phone _____

Address _____