



Saturday, June 15, 2019
 7:30 a.m. ****RAIN OR SHINE****
 Start/Finish at HOPE's Open Door Café
 650 W Main St, Wytheville, Virginia

Check # _____

Total Paid \$ _____

Registration Form

Pre-registration until May 31, 2019 - \$60 per rider; Registration after May 31, 2019 - \$75 per rider
 Onsite registration Friday, June 14, 2019, 5:00-7:30 pm and Saturday, June 15, 2019, beginning at 6:30 am
 Add \$10 for pre-ride, Friday evening meal

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work or Cell: _____

Email: _____ Gender: _____ Male _____ Female

Date of Birth: _____ Age on June 15, 2019: _____ Jersey Size (XS-S-M-L-XL-XXL): _____

What route do you plan to ride? Metric Century (59+ miles) 44-mile 32-mile 17-mile

I will attend the pre-ride, Friday night meal from 5:00-7:30 p.m. at the Open Door Café (add \$10): Yes No

How did you hear about the Fast and the Fiorini aka Big Walker Charity Ride? _____

Emergency contact information on day of ride:

Name: _____ Phone: _____

Please complete all information on this registration form, sign the Release and Assumption of Risk below, and return with your check payable to HOPE, Inc., PO Box 743, Wytheville, VA 24382.



Release and Assumption of Risk

In consideration of the right to participate in the Fast and the Fiorini, also known as the Big Walker Charity Ride, on Saturday, June 15, 2019, the undersigned freely acknowledges the dangers of participating in a bike tour and fully assumes all risks, including but not limited to collision with pedestrians, vehicles, other riders and/or fixed or moving objects, the negligence of other riders, all sponsors or promoters or drivers, dangers arising from falls, weather conditions, road surfaces, equipment failure, inadequate safety equipment and personal or property injury which I might sustain.

I agree to bear all expenses incurred should an injury/accident occur, and to hold Helping Overcome Poverty's Existence, Inc. (HOPE, Inc.) harmless. I represent that I am in sound medical condition and have no physical or medical impairment which would endanger myself or others. Should I sustain injury which, in the opinion of emergency technicians, requires medical attention, I agree to said medical treatment. I further agree to wear an ANSI or Snell Certified helmet while riding on the tour. I will observe and obey all bike tour requirements, as well as Virginia traffic laws and regulations. I understand that if I leave the route, I am no longer on the bike tour. I also give permission for use of my name and/or likeness in any newspaper, broadcast, telecast or other promotional account of this event.

Wherefore, as evidenced by my signature below, I waive, release, discharge for myself, my heirs, executors and administrators/legal representatives any and all rights and/or claims which I have, may have or may thereafter accrue to me against the sponsors and promoters or their agents, officers and employees for any and all claims which may be sustained by me.

 Signature Printed Name Date: _____

Parent/Guardian Release: I am the parent/guardian for the entrant named above, who has not turned 16 as of June 15, 2019. By my signature I hereby give my permission for my child to participate in this event and agree to the terms of this Release.

 Signature (Parent/Guardian) Printed Name Date: _____