



CAPITAL CITY CENTURY - September 10, 2022

REGISTRATION FORM

(mail-in registrations)

ROUTE OPTIONS

Please indicate what distance you plan to ride. You may change this distance.

Road ride options	<input type="checkbox"/> 40 mile	<input type="checkbox"/> 62 mile	<input type="checkbox"/> 100 mile	<input type="checkbox"/> 125 mile
Gravel/groad options	<input type="checkbox"/> 40 mile	<input type="checkbox"/> 60 mile		

RIDER INFORMATION

First Name:	Last Name:	<input type="checkbox"/> M <input type="checkbox"/> F	DOB	/	/
Street Address:					
City:		State:		Zip:	
Primary Phone # ()			Email:		
Cell Phone # ()			Are you a member of the Springfield Bicycle Club? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact:			Emergency Contact Phone: ()		
2022 CCC T-Shirt (free with your registration) <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL					

REGISTRATION FEE

	May 1 - July 9	July 10 - Sep 9	Day of Event
Springfield Bicycle Club Member	\$30	\$40	\$45
Non-SBC Member	\$35	\$45	

PAYMENT INFO

Please make checks payable to
Springfield Bicycle Club

Mail to:
CCC
c/o Anne Schroll
400 Eagle Ridge Drive
Chatham, IL 62629

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this athletic event "Capital City Century" is a 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. I realize that liability may arise from negligence or carelessness 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.

Further, I certify that I am physically fit, have sufficiently trained for participation in the event, and have not been advised otherwise by a qualified medical person.

I acknowledge that this ACCIDENT WAIVER AND RELEASE OF LIABILITY for will be used by event holder, sponsors, and organizers of the event in which I may participate that it will govern my actions and responsibilities at said event.

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 here after occur to me including my traveling to and from the event, The following entities or persons: Springfield Bicycle Club, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; B) Indemnify and hold harmless the entities or person mentions in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of the releases or otherwise.

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

The ACCIDENT WAIVER & RELEASE OF LIABILITY shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Helmets are strongly recommended

Print Participants Name

Age

Participant Signature