Bike Around the Bay 2020  
Rider Registration Form

**Rider Information**

<table>
<thead>
<tr>
<th>Title</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
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<tr>
<th>E-mail Address</th>
<th>Phone Number</th>
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<th>Address</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Country</th>
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<tr>
<th>Emergency Contact</th>
<th>Emergency Contact Phone Number</th>
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<thead>
<tr>
<th>Date of Birth</th>
<th>Gender</th>
<th>(M or F)</th>
<th>T-shirt Size (S-4XL)</th>
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<tr>
<th>Team</th>
<th>Employer</th>
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Participation Type (Two-Day Cyclist, One-Day Cyclist, Virtual Rider)
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Ride Questions

1) Were you referred to the ride by anyone? If yes, who? _________________________________

2) How did you hear about Bike Around the Bay?
   □ Past rider
   □ Cycling club
   □ Bike store
   □ Employer
   □ Friend or family member
   □ Cycling website
   □ Facebook/Twitter
   □ Galveston Bay Foundation
   □ Internet search

3) How far are you traveling to participate in Bike Around the Bay?
   □ 0-10 miles
   □ 11-25 miles
   □ 26-50 miles
   □ 51-100 miles
   □ Over 100 miles
   □ Traveling from outside the US

4) How many times have you ridden in Bike Around the Bay before 2020?
   □ This is my first year
   □ Once
   □ Twice
   □ Three times
   □ Four times
   □ Five times

5) Do you belong to a cycling club? If so, which one?
   _________________________________
Participation Waiver & Release Form

PLEASE READ AND UNDERSTAND THIS WAIVER AND RELEASE AS IT HAS LEGAL & BINDING CONSEQUENCES ON YOUR RIGHTS AND IMPACTS YOUR PARTICIPATION IN THIS EVENT.

In voluntarily signing this release, I acknowledge that I understand its intent, and for myself, my heirs, executors, administrators and representatives, do hereby agree and ABSOLVE, WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS AND PROMISE TO INDEMNIFY AND NOT TO SUE the Galveston Bay Foundation, Shell, other corporate sponsors, cooperating organizations and any other parties connected with Bike Around the Bay in any way together with their respective successor and assigns (the "Sponsors"), singly and collectively, from and against any blame and liability for any injury, harm, loss inconvenience, or any other damage of any kind whatsoever, whether it is caused by myself or by the negligence, in whole, or in part, of the Galveston Bay Foundation, its sponsors, promoters, event partners or any other persons or entities associated with this event. Furthermore, I assume all risks from all liability.

I hereby represent that: (1) I am physically capable of participating in this event; (2) my bicycle and any other equipment I may use to participate in the event is in good working condition; (3) I will observe all applicable traffic and event rules; and (4) I will wear a helmet and generally conduct myself in a safe and prudent manner while participating in the event and; (5) I hereby absolve and hold harmless the Sponsors from any damage I may sustain because of any breach of these representations. I hereby consent to and permit emergency treatment in the event of injury or illness while participating in this event and I agree to assume all financial responsibility for such treatment. I also give permission to the Galveston Bay Foundation to use my name and any pictures/videos taken of me during the event in any promotional materials, publications or on the internet. I also give permission to the Galveston Bay Foundation to release my name, addresses and phone numbers to any official representative of a team which I have chosen to join.

NOTICE FOR RIDERS UNDER 18:
Waivers and releases of riders under the age of 18 must be signed by a parent or legal guardian. The rider must also be accompanied by an adult (21 or older) throughout Bike Around the Bay.

<table>
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<tr>
<th>Signature</th>
<th>Printed Name</th>
<th>Date</th>
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<th>If under 18:</th>
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| Parent/Guardian Signature | Parent/Guardian Printed Name | Date |
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Payment Information

☐ Credit Card  ☐ Check (Included with Registration Packet)

Name on Card:__________________________________________________________

First                Middle                Last

______________________________
Card Number

__________________________   __________
Expiration Date               CVV

Address on Card

________________________________________________________________________
City                        State               Zip                  Country

$___________________________   $___________________________   ____YES    ____NO
Registration Fee
$40 Early Registration
$75 Regular Registration
$100 Late Registration

Would you like to make an additional donation to your ride?

If a one-day cyclist: do you want to purchase a $35 bus ticket to the start line?  _______  _______
Yes or No           Number

Do you want to purchase any extra $25 dinner tickets for family and friends?  _______  _______
(Complimentary dinner provided for cyclists)        Yes or No           Number

PAYMENT AMOUNT:
Registration Fee:  $________
Additional Donation:  $________
Bus Ticket:  $________
Dinner Ticket(s):  $________

TOTAL:  $________