



The Heart **ART** of Idaho Century Ride
ENTRY FORM
August 12, 2017



Register at or mail form and payment to:

The Art Museum 300 S. Capital Ave. Idaho Falls, ID 83402 Phone: 208/524-7777	Idaho Mountain Trading 474 Shoup Ave. Idaho Falls, ID 83402 Phone: 208/523-6679	Dave's Bike Shop 341 W. Broadway Idaho Falls, ID 83402 Phone: 208/529-6886	Bill's Bike & Run 930 Pier View Dr. Idaho Falls, ID 83402 Phone: 208/522-3341
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or register online at: www.theartmuseum.org/Century.htm

T-shirt ■ SAG Support ■ Feed Zones ■ Post-ride BBQ ■ Beer Garden ■ Massages ■ Prize Drawings

Check one: 100 Mile Ride Entry Fee \$65 100K (62 Mile) Ride Entry Fee \$65
 Cupcake 100 (flat century) \$65 25 Mile Ride Entry Fee \$40

Name _____

Address _____

City/State/Zip _____

Phone _____ Age** _____ Male Female

Email address _____

Preferred T-shirt size* S M L XL XXL How did you hear about the ride? _____

Additional tickets to post-ride barbecue: _____ Quantity x \$10 each = \$ _____

Payment enclosed: Check VISA or Mastercard # _____

Exp. Date _____ Security Code _____ Amount Charged \$ _____

Name on card _____ Signature _____

Registration fees are nonrefundable * Please note: T-shirts for the first 250 cyclists to register

Waiver and Release

By participating in this event, I hereby acknowledge that bicycling is an activity that poses dangers to myself and others. I understand that I ride at my own risk, and that I assume full responsibility for my health and safety while I am participating in the event. I agree to follow all rules for my personal and environmental protection, including, but not limited to, all applicable traffic rules and regulations. I agree at all times to wear a protective helmet and any and all additional protective gear of my own choosing. I understand that The Art Museum of Eastern Idaho (TAM) and any associated sponsors of this event do not insure my care and safety, and I agree to hold TAM and all associated sponsors of this event, including their respective officers, employees and agents harmless from any and all claims, of any kind or nature, which may arise from injury or loss or damage to personal property, that may occur as the result of my participation in this event. I give my consent to use any photographs taken on the ride. This release is made on behalf of me, my heirs, representatives and dependents.

Signature _____ Date _____

Signature of Parent/Guardian if participant is under 18 years of age _____ Date _____

** An adult must accompany cyclists under 16 years of age. An entry form and payment is required for every participant. (Each cyclist on a tandem bike must fill out a form).