

# CRC Challenge Series



[www.coastalraceclub.com](http://www.coastalraceclub.com)

**May 7<sup>th</sup> - Aug 27<sup>th</sup> 2015**  
Starting May 7th Sign on 6:00 PM

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_  
\_\_\_\_\_

Sex: Male / Female

Age: \_\_\_\_\_ DOB \_\_\_\_\_, 19\_\_\_\_.

Category Entered: \_\_\_\_\_

Cat 1&2 / Cat 3/ Cat 4/ Novice

Club: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Tel: \_\_\_\_\_

**Race Entry fee's All Categories First  
Race \$20.00 All other races \$10.00**

Amount enclosed \_\_\_\_\_

**Please print clearly!**

## WAIVER:

I, the undersigned, am fully aware and understand that there are inherent risks involved with the sport of bike riding and racing which I accept. I am participating at my own risk and waive all claims of every nature against CRC Coastal Race Club, The City of Richmond, Cycling B.C, the organizers, officials, volunteers and any other participating agencies and sponsors with respect to any personal loss or bodily injury resulting from participating in this event. I also understand the rigors of such an event and have prepared myself physically for the race. I have taken all necessary precautions to ensure that my equipment is in safe running condition.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If under 18 years of age, the signature of parent or guardian is required.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Office Use:</b> Race Number _____
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