



# CAPITAL CITY CENTURY

SEPTEMBER 14, 2024

## REGISTRATION FORM

### ROUTE OPTIONS

Please indicate what distance you plan to ride.

Road ride options	<input type="checkbox"/> 12 miles*	<input type="checkbox"/> 20 miles	<input type="checkbox"/> 40 miles	<input type="checkbox"/> 62 miles	<input type="checkbox"/> 100 miles
* The 12-mile Family ride includes registration for 1 or 2 adults and 1 or 2 minor children (up to a maximum of 4 riders).					

### 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: (     )				

### REGISTRATION FEE

	THRU SEPT 1		SEPT 2 - SEPT 14*	
	SBC Member	Non-Member	SBC Member	Non-Member
Family Ride, 20 Mile	\$15	\$25	\$25	\$35
40 Mile	\$30	\$40	\$40	\$50
62 or 100-Mile	\$35	\$45	\$45	\$55
Event T-Shirt <b>IMPORTANT: For 2024, t-shirt is not included with registration. Order here if you would like a t-shirt</b>	\$15	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		
<b>TOTAL INCLUDED</b>	\$			

### 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