



www.coastalraceclub.com

May 4th - Aug 31st 2017
Starting May 4th 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 Master A _____

Cat 3 Master B _____

Cat 4 Master C _____

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!

CRC Challenge Series

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: _____

Office Use:
Race Number _____

