



2010 COWTOWN CLASSIC BIKE RIDE

www.cowtownclassicbikeride.org

Saturday, September 11, 2010

Start Time: 8:00am (staggered starts)

North Crowley High School
9100 South Hulen Street
Fort Worth, TX 76123

Charity Benefits Cook Children's Life After Cancer Program
and Kiwanis Youth Programs

SAFETY

Riders of all ages MUST use safety helmets on all course routes. Ride is rain or shine, but organizers may cancel ride for safety reasons without refund. Courses close at 2:00pm. All riders must obey Texas traffic laws.

REST STOPS

Rest stops will be available at regular intervals including drinks, fruit and port-a-potties.

ROAD ASSISTANCE

Sag Wagons, mechanical assistance and radio contact will be available along the route.

HOSPITALITY

Indoor and outdoor hospitality areas will be available before and after the ride.



PACKET PICK UP DATES / LOCATIONS			
DATE	TIME	STORE	LOCATION
8/21/2010	10am-2pm	FW Cycling & Fitness	3315 Cherry Ln Fort Worth, TX
8/22/2010	12pm-4pm	Bicycles Inc	5125 Granbury Rd Fort Worth, TX
8/28/2010	10am-2pm	Colonel's	3053 S University Blvd Fort Worth, TX
9/2/2010	10am-2pm	Sam's Club	4400 Bryant Irvin Rd Fort Worth, TX
9/4/2010	4pm-8pm	Sam's Club	4400 Bryant Irvin Rd Fort Worth, TX

-cut along dotted line-

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HOW TO REGISTER

- 1 MAIL EARLY REGISTRATION FORMS AND CHECKS BY SEPTEMBER 4, 2010 TO
- 2 SIGN UP ONLINE AT www.bikereg.com BY SEPTEMBER 4, 2010
- 3 REGISTER AT ANY OF THE PACKET PICK-UP LOCATIONS
- 4 REGISTER ON RIDE DAY FROM 6:30am until 8:00am in NCHS cafeteria.

Cowtown Classic Bike Ride
P. O. Box 331053
Fort Worth, TX 76163-1053

REGISTRATION / RELEASE FORM

- ❖ One Applicant Per Form
- ❖ Please Print Legibly
- ❖ Sign Release Form

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PHONE: _____

EMAIL: _____

AGE: _____ DOB: _____ / _____ / _____

SHIRT SIZE (Circle One): M L XL XXL

DISTANCE (Circle One): 20 m 40 m 60 m

T-Shirts Guaranteed to first 500 registered riders.

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Every rider is encouraged to get donations from others to help support Cook Children's Medical Center Life After Cancer Program and bring those donations to a packet pick-up location or the ride.

Ride Fee: \$30 by Sept 4, 2010 \$ _____

Ride Fee: \$35 Late Registration \$ _____

Voluntary Donations to:
Cook Children's Medical Center
Life After Cancer Program \$ _____

Total Amount Enclosed \$ _____

Make checks payable to: Cowtown Classic Bike Ride

RIDER RELEASE FORM

Notice: This entry release form is a contract. Read it carefully before signing and returning with registration.

In consideration of the acceptance of this registration entry, I the undersigned, assume full and complete responsibility for any injury or accident which might occur during my participation in any "Cowtown Classic Bike Ride" event, and I hereby release and hold harmless the sponsors, promoters, and all other persons and entities associated with this event from any and all injury or damage, whether it be caused by myself or by the negligence of the sponsor or promoters or other persons or entities associated with this event. I acknowledge that I am familiar with the dangers involved in participating in this event, that there may be holes in the riding surface or other permanent or temporary obstacles which I must be careful to avoid. I agree to wear a safety helmet while participating in this ride. I also grant full permission to any and all sponsors to use photography and records of this event for any purpose. This agreement may not be modified orally or in writing by any individual. I understand that a bicycle is a legal vehicle in the State of Texas and that I must ride in a safe manner and follow all State of Texas traffic laws.

I have read and I agree to the stated terms and conditions of the release form.

Signature: _____

Date: _____

Parent or guardian if under 18 years of age.

Signature: _____

Date: _____

