



www.alexandercountync.gov/events/y-ride/

Date and time

Saturday, August 25, 2012 at 8:00am

Location of start and finish

Rocky Face Recreation Park

3451 Rocky Face Church Rd.

Hiddenite, NC 28636

www.rockyfacepark.com

I wish to register for:

_____ 50k (31 miles) South Loop

_____ 100k (62 miles) Full Course

All three routes are available for print at www.alexandercountync.gov/events/y-ride/

Registration fee: (Registration fee includes an event T-shirt and after ride meal)

_____ \$20 per person through August 18, 2012 (guaranteed an event T-shirt)

_____ \$25 per person after August 18, 2012 and day of registration (No T-shirt guaranteed)

T-Shirt Size (adult fit): Small Medium Large X-Large XX-Large

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

E-mail _____

HELMETS REQUIRED

WAIVER OF LIABILITY: I fully assume and understand the risks of participating in an open course ride including death or injury due to vehicles, falls, collisions with other participants or spectators, actions by hostile humans or animals, uneven pavement, obstructions, adverse weather, sudden illness, and all other risks. I attest that I am physically fit to participate. I authorize ride officials to provide medical attention at my expense should I appear in need. For injuries I sustain, including death, I agree to save and hold harmless Alexander County, the YMCA of Alexander County, local government, law enforcement personnel, volunteers, event staff, suppliers, contractors and anyone else connected with the organization of this event, from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns, arising from my participation in this event or the instruction I received. (Helmets Required) **WAIVER OF PUBLICITY:** I agree that images taken of me during this event may be used in any legal manner without payment to me. I have read and understand the terms of this document. I make this agreement and pay my entry fee in exchange for the privilege of participating under the conditions of the event.

Signature _____

Signature of parent/guardian if under 18: _____

Emergency Contact (name & number): _____

Please send a separate registration form for each registrant. This form may be photocopied as many times as necessary.

Send your completed registration form(s) and fee to:

Alexander County ATTN.: The Y-Ride 621 Liledoun Rd., Taylorsville, NC 28681

OR register online at http://www.active.com/event_detail.cfm?event_id=2034597

CANCELLATION POLICY: Registration fees cannot be refunded. **IN CASE OF RAIN:** Ride will be held Oct. 29th (check [web site](#)) for postponment