



www.coastalraceclub.com

April 11th - Aug 29th, 2024

Sign on 5:30 PM

Name: _____

Address: _____

City _____ Province _____

Postal Code: _____

Telephone No.: _____

E-mail address: _____

Sex: Male / Female

Age: _____ DOB _____, 19____.

Category Entered: _____

Categories

- A/ Cat 1/2 Men M/F
- B/ Cat 3 Men & Elite Women M/F
- C/ Cat 4 Men & Women M/F
- Novice/ Cat 5 Men M/F
- Jr. U17 M/F

Club: _____

Medical Concerns: _____

Emergency Contact: _____

Tel: _____

**Race Entry fee's All Categories First
Race \$25.00 All other races \$12.00**

Amount enclosed _____

Please print clearly!

Coastal 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 The City of Richmond, 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: _____

<p>Office Use: Race Bib Number _____ Cycling BC # _____</p>
