REGISTRATION FORM

Anthem MOONLIGHT RIDE

SATURDAY, AUGUST 13, 2011

First Name

Last Name

Street Address

City

State

ZIP Code

Daytime Telephone Number

Evening Telephone Number

Sex

Date of Birth (mm/dd/yy)

To alleviate congestion on the course, the Anthem Moonlight Ride will utilize wave starts, which will begin several minutes apart. Please choose a wave based on the course you plan to ride. Each wave is limited to 400 participants.

- ☐ Wave A – Full Moon
- ☐ Wave B – Full Moon
- ☐ Wave C – Full Moon
- ☐ Wave D – Full Moon
- ☐ Wave E – Half Moon
- ☐ Wave F – Half Moon
- ☐ Wave G – Half Moon

E-mail Address:

Circle T-Shirt Size: **Youth M (10-12) Youth L (14-16) S M L XL XXL**

EVENT DAY EMERGENCY CONTACT NAME

EVENT DAY EMERGENCY CONTACT PHONE NUMBER

Payment Method:

❑ Check *(Payable to SPORTS BACKERS)*

❑ Credit Card *(Visa, MasterCard, or American Express)*

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____/_____

Name as it appears on card: _____

EVERY PARTICIPANT MUST SIGN THIS WAIVER!

Participant's Agreement, Waiver, Release, And Acknowledgment

I know that bike riding in an event is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Metropolitan Richmond Sports Backers and its officers and agents, the City of Richmond, Henrico County, Anthem Blue Cross and Blue Shield, all other sponsors, their representatives, and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Compliance with Children's Online Privacy Protection Act of 1998 (COPPA). You represent and warrant that, in compliance with COPPA, you are a) at least thirteen (13) years of age and b) if you are registering a child under thirteen (13) years of age you are the child's parent or legal guardian and consent to the collection of such child's personal information by the Sports Backers.

_____ _____

Signature *(Parent or guardian if under the age of 18)* **Date**

ENTRY FEES & REGISTRATION

	Adults	Youth 14 & under	
Through July 31	$25	$10 =	$
August 1–August 11	$30	$10 =	$
Walk-up registration on August 13	$35	$15 =	$
Donations: Fit4Kids		=	$
		TOTAL =	**$**

Event registrants grant permission to the Sports Backers to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Make check payable to: Sports Backers

Mail this entry form and payment to: Sports Backers
100 Avenue of Champions, Suite 300 • Richmond, VA 23230
Phone: (804) 284-9495 • Fax: (804) 285-3132

E-mail: moonlightride@sportsbackers.org • www.sportsbackers.org