



BIKE PATROL APPLICATION

29th Cochise County Cycling Classic

Event Date: Saturday, October 8, 2016



Name: _____ Phone (H): _____

Address: _____ Phone (C): _____

City: _____ State: _____ Zip: _____ Birthdate: _____ Sex: M F

E-Mail Address: _____ T-shirt size (circle):

Do you have a Bike Patrol Jersey? () Yes () No **S M L XL XXL 3X NA**

If you have a Bike Patrol Jersey, you will receive an event t-shirt. If not, you will receive a Bike Patrol t-shirt to wear for the event.

To PURCHASE a Bike Patrol Jersey, contact bikepatrol@perimeterbicycling.com

Circle distance: **95-mi 47-mi 27-mi** Select bike: **Solo:** Road/Hybrid/Mountain/Recumbent

Tell HQ if you change your distance **Tandem:** Partner must register separately

Enter tandem partner name: _____

TO BE CONSIDERED FOR BIKE PATROL YOU MUST ANSWER THE FOLLOWING QUESTIONS:

- (1) **Bike Patrol team members ride for the success of others, stopping to give assistance to other participants as well as reporting incidents, rule violations and route conditions to the Bike Patrol Hotline on ride day.**
Initial here that you agree to do so: _____
- (2) Which of these rides have you entered and completed (not as Bike Patrol)?
 () El Tour de Phoenix/Mesa () Tour of the Tucson Mountains
 () Cochise County Cycling Classic () El Tour de Tucson
- (3a) Have you done **Bike Patrol** for any Perimeter Bicycling Event(s)? () Yes () No
- (3b) If "Yes", please list the number of times per event:
 El Tour de Phoenix/Mesa _____ Tour of the Tucson Mountains _____
 El Tour de Tucson _____ Cochise County Cycling Classic _____
- (4) Do you have current First Aid Training (with or without card)?..... () Yes () No
- (5) Are you skilled or experienced in basic bicycle maintenance and repair? () Yes () No
- (6a) Are you currently Certified as Bike Patrol (attended class within last 2 years)? () Yes () No
Check your certification status on our website; use the Bike Patrol link on the left panel of our homepage.
- (6b) If "No" please visit the Bike Patrol link on our homepage or call (520) 745-2033
for the latest schedule for Certification classes. Will you attend a class before event date? () Yes () No
- (7) Did you complete the reverse side of this application? () Yes () No
- (8) Did you sign the Rider Waiver Form (on the reverse side of this application)?..... () Yes () No
- (9) Did you include the Processing Fee? The Fee Schedule is:
if RECEIVED BY **September 30, 2016 \$20, if received October 1- 7: \$30** () Yes () No
Please make checks payable to Perimeter Bicycling.
- (10) Would you like to become a member of Perimeter Bicycling Association of America, Inc.? () Yes () No
We are a 501(c)(3) nonprofit that produces bicycling events benefiting other nonprofit organizations.
Membership helps us continue our mission. Join us with your registration.
More info: www.perimeterbicycling.com. Please add \$35 to your total with this registration.
- (11) Would you like to purchase a 2016 Event Jersey (this is NOT the Bike Patrol Jersey)? () Yes () No
Visit El Tour Perimeter Store for details. Include \$79 with your registration for pick up at Expo
Please indicate gender/size: M / F Size: S M L XL XXL
If you would like to purchase a Bike Patrol jersey please contact bikepatrol@perimeterbicycling.com
- (12) Where will you be staying during the event? () Home () Friends/Family
() Hotel, name: _____

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You must read and sign the waiver below.

If you have completed four or more Perimeter Bicycling events as Bike Patrol, you may skip to the waiver portion.

(A) **CYCLING EXPERIENCE** - Please fill in as much as possible and answer the first three questions.

- (1) Is this your first cycling event? () Yes () No
(2) How long have you been cycling? _____years _____months
(3) Check your ability level () Novice () Intermediate () Expert

LIST ANY CYCLING EVENTS YOU HAVE PARTICIPATED IN OR ANY OTHER EXPERIENCE:
(Except for the events listed on the front of this application)

EVENT	DISTANCE	DATE(S)

(B) **FIRST AID EXPERIENCE AND CERTIFICATION** - Please list any First Aid Experience- current or expired.

(C) Why do you want to be a member of Bike Patrol?

(D) **FOR THOSE NEW TO THE PROGRAM:** how did you learn about Bike Patrol?

BIKE PATROL WAIVER FORM

ALL RIDERS MUST SIGN THIS FORM

As a participant in any Perimeter Bicycling Association of America, Inc. event, I agree to obey all laws of the State of Arizona which may apply to me during this event, especially traffic laws. I acknowledge that I must obey all traffic signals, devices and other traffic rules during this event.

Unless instructed to the contrary by a law enforcement official, I agree to comply with all traffic regulations. **Each distance event of the Cochise County Cycling Classic finishes at the following "cut off" times on event day, Saturday, October 8, 2016: 27-mile event at 11:30am; 47-mile event at 1:00pm; 95-mile event at 4:00pm; and 165-mile event at 10:30pm. At the stated times all course support will end.** In signing this WAIVER FORM I agree to be totally responsible for my own safety and support **after the stated cut off times.**

In consideration of Perimeter Bicycling accepting my application, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages, including, but not limited to the loss of my bicycle, helmet or any other personal items, I may have against the State of Arizona, Arizona Department of Transportation, Arizona Department of Public Safety, City of Douglas, Cochise County, Douglas Association of Retarded Citizens, Canyon Vista Medical Center, Cochise Regional Hospital, Perimeter Bicycling Association of America, Inc., any and all governmental and tribal agencies, and any and all underwriters and their representatives, successors and assigns, for any and all injuries suffered by me as a result of taking part in this bicycling event and any related activities. I attest that I will participate in this event as a bicycling entrant; I will wear a CPSC-approved bicycle helmet; that I am physically fit and have sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all the foregoing to use any photographs, videotapes, recordings or any other record of this event for any legitimate purpose.

I understand that aero-type and other similar auxiliary handlebars are prohibited in this event and that utilizing them will result in my disqualification. I also understand that I am responsible for familiarizing myself with the rules of this event available online at www.perimeterbicycling.com. I understand that I am responsible for all my personal items including, but not limited to, cameras, cell phones, clothing, bicycles, etc. **Furthermore, I understand all fees and collected contributions are not refundable or transferable to another person or event. Rider Numbers are also not transferable to another person or event.**

This event utilizes open public roads which may or may not be maintained by local municipalities, cities, counties, and/or the State. The event is not responsible for the condition and maintenance of the roads. Road hazards are always possible and in entering this event and signing this waiver, I agree and understand that I must be alert to all road hazards, including but not limited to: pot holes, uneven pavement, road cracks, road debris, unfinished construction and motor vehicle traffic.

Rider's Signature _____ Date: _____

Parent/Guardian (if rider is under 18) _____ Date: _____

Bike Patrol under 18 must pre-qualify to ride. Contact BikePatrol@perimeterbicycling.com for more information.

Please mail with payment to: Perimeter Bicycling, 2609 East Broadway, Tucson, AZ 85716