

**Ride will take place whether rain or shine. No refunds or transfers to other persons.
Registration is limited to 1000 riders. Registration at the event only if race limit has not filled.**

It is very important to print legibly!

Last Name: _____

First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone (with area code): _____

Email Address: _____

Birthdate: Month ____ Day ____ Year ____ Gender: _____

Emergency Contact: _____ Telephone: _____

Ride (check one): Century ____ Metric Century ____

If riding tandem, name of partner: _____
(both riders must complete separate registration forms)

Cost if mailed by October 1: \$65 Cost if mailed after October 1: \$85

Check Enclosed: _____

Waiver, Release and Indemnity

I, the undersigned, for myself, my relatives, my heirs, executors, administrators and assigns, **waive and release** any and all claims for damages, for death, personal injury or loss of property which I may have or which may hereafter accrue to me against the sponsors of this event, the organizers and any promoting organizations, property owners, law enforcement agencies, all public _____ and special districts, through or by which the event will be held for any and all damages which may be sustained by me directly or indirectly in connection with the event, or travel _____ or return from the event. I further agree to save and hold harmless the Santa Barbara Century, its officers, directors, and volunteers from any and all liability for any injury or damage resulting from, or in any way connected with, my participation in this ride.

I acknowledge that this event contains risks and dangers. Some of these include but are not limited to traveling on or crossing heavily traveled roads, winding roads, steep descents, potholes, accidents, unexpected moves of another rider, physical exertion, fatigue, flat tires, and motorists.

I attest that I am sufficiently trained for my participation in the selected event. I recognize that an event of this nature can be physically demanding. I acknowledge the sponsor's recommendation that I consult with a physician regarding the advisability of my participation in this activity. I further acknowledge that no special arrangements have been made with regard to the conditions of the roads or to controlling vehicle traffic on the roads that comprise the bike route. I attest that the equipment that I will use in this event is in good mechanical condition, and that wearing a bicycle helmet is required during this event.

I give to the Santa Barbara Century, Inc., its designees, agents and assigns, unlimited permission to use, publish and republish in any form or media, reproductions of my likeness (photograph or video) with or without identification of me by name. I agree to not demand payment or any other compensation and agree to hold the above parties harmless of all liability arising from such use.

I have read and understand everything written above, and I voluntarily sign this agreement.

Signature of participant: _____ Date: _____

Signature of parent or guardian: _____ Date: _____
(for riders under the age of 18)

Mail to: Santa Barbara Century, PO Box 50514, Santa Barbara, CA 93108

You will receive a confirmation via email.