



Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_

Check choice of ride distance:

29    45    60    80

T Shirt Size:

S    M    LG    XL    XXL

**Waiver and release of claims.** In consideration of the acceptance of my registration entry, I, the undersigned, assume full and complete responsibility for any injury or accident which may occur during my participation in "The Quicksilver Paluxy Pedal" event or while I am on the premises of this event. I hereby release, indemnify, and hold harmless, the sponsors, promoters, staff and volunteers, and all other persons and entities associated with this event from any and all injury or damages, whether or not caused by negligence of the promoters and all entities associated with this event. I understand that I must ride in a safe manner. I understand that it is my responsibility to provide my own ANSI, SNELL or ASTM approved helmet during my participation in "The Paluxy Pedal" and I will observe all traffic laws. I understand that no one is authorized to make statements or representations, either verbally or in writing, which in any way contradicts this waiver and release of claims.

\_\_\_\_\_  
**Rider's signature** (or legal guardian if rider is under 18)

\_\_\_\_\_  
 Date

Any person under the age of 18 must have a legal guardian sign the waiver/release of claims.

Any person under the age of 16 must be accompanied by an adult.

**Advance Registration Fee:**

Adult                      \$25.00

Child (under 12)      \$15.00

**Day of Race Registration Fee:**

Adult                      \$30.00

Child (under 12)      \$15.00

Additional donation to LDL \_\_\_\_\_

**Total amount enclosed** \_\_\_\_\_

Make Check Payable to:  
**The Paluxy Pedal.**

Send check to:  
**Quicksilver Paluxy Pedal,  
 PO Box 554,  
 Glen Rose, TX 76043**