



EL TOUR BIKE PATROL APPLICATION

Saturday, November 21, 2009

Please Complete Both Pages

Bike Patrol registration closes on Saturday, November 14, 2009

No registration at Expo.



Name: _____ Phone(H): _____
 Address: _____ Phone(W): _____
 City: _____ State: _____ Zip: _____ Phone(C): _____
 E-Mail Address: _____ Birthdate: _____
 Occupation: _____ T-Shirt Size _____ Age: _____ Sex: _____
 S M L XL XXL XXXL

Which distance event are you riding? You must enter a distance. Please inform El Tour HQ if you change your distance.

109-Mile Event 80-Mile Event 66-Mile Event 35-Mile Event 4-Mi Fun Ride (LIMITED NUMBER NEEDED)

Expected Time* _____ Hrs. You must enter an expected time so we can plan accordingly. Thank you.

**Expected Time* is the time it would normally take you to ride the distance you are signing up for.

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

- (1) Which rides have you entered and completed?
 () Tour of the Tucson Mountains () Cochise County Cycling Classic
 () El Tour de Phoenix () El Tour de Tucson
- (2a) Have you done **Bike Patrol** for any Perimeter Bicycling Event(s)? () Yes () No
- (2b) If "Yes", please list which event(s) including year(s)?
 () Tour of the Tucson Mountains _____
 () El Tour de Phoenix _____
 () El Tour de Tucson _____
 () Cochise County Cycling Classic _____
- (3a) Have you had any current First Aid Training? () Yes () No
- (3b) If no, would you be interested in participating in a basic First Aid Course? () Yes () No
- (4a) Is there a Bike Patrol partner you would like to be paired with (not required)? () Yes () No
- (4b) If "Yes", who? _____
- (5a) Are you skilled or experienced in basic bicycle maintenance and repair? () Yes () No
- (5b) Would you be interested in attending a basic bicycle maintenance/repair class? () Yes () No
- (6a) Are you currently Certified as Bike Patrol (attended class within last 2 years)? () Yes () No
 Check your certification status by going to www.perimeterbicycling.com and click on Bike Patrol.
- (6b) If "No", please visit the Bike Patrol link on the El Tour de Tucson section of Perimeter Bicycling's website or call (520) 745-2033 to get the latest schedule for Training/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 for applications RECEIVED BY:
July 31: \$15 Aug 1 - Sep 30: \$20 Oct 1 - Oct 31: \$25 Nov 1 - Nov 19: \$30
 Make check payable to Perimeter Bicycling Association of America, Inc.
 All registrations must be received at Perimeter Bicycling no later than Nov 19, 2009
- (10) **As a member of Bike Patrol, you must take your time, stop and give assistance to other participants who need it, as well as report rule violations to Perimeter Bicycling Association.**
By participating as Bike Patrol, do you agree to do so? () Yes () No

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SECTION I: CYCLING EXPERIENCE - Please fill out 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? _____
(3) Ability level? (Circle one) Novice Intermediate Expert

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

EVENT DISTANCE DATE(S)

SECTION II: FIRST AID EXPERIENCE OR CERTIFICATION - Please list all First Aid experience, current or expired.
EXPERIENCE DATE(S)

SECTION III: Why do you want to be a Bike Patrol member?

SECTION IV: How did you hear about Bike Patrol? Experienced Bike Patrol, please see list on other side

- OR - please describe: _____

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. **El Tour de Tucson is finished at 6:00 pm on Saturday, November 21, 2009 and all course support will be closed. In signing this waiver I agree to be totally responsible for my own safety and support after 6:00pm on that day.**

In consideration of my application being accepted, 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 Tucson, City of South Tucson, Town of Marana, Town of Oro Valley, Pima County, University Medical Center, Diamond Ventures, Tu Nidito Children and Family Services, Leukemia & Lymphoma Society of America, American Parkinson Disease Association, Water for People, Ben's Bells, Perimeter Bicycling Association of America, Inc., any and all governmental and tribal agencies, volunteers, any and all sponsors, beneficiaries 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. I understand that aero-type bars are prohibited in this event. Further, I hereby grant full permission to any and all the foregoing to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose.

I understand all fees and collected contributions are not refundable, nor transferable. Rider Numbers are also not transferable.

Rider's Signature _____ Date: _____

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

NOTE: ALL BIKE PATROL MEMBERS MUST BE 18 YEARS OF AGE OR OLDER ON THE DATE OF THE EVENT!

Please bring or mail completed application with payment to:

Perimeter Bicycling Association of America, Inc., 2609 East Broadway, Tucson, AZ 85716