

The What, When, and Where

The 27th Annual Reston Century will take place on Sunday, August 23, 2009, rain or shine, starting and finishing at the Reston Town Center Pavilion. Riders can select from routes of approximately 34, 65, and 103 miles. The challenging Century, and Metric routes follow beautiful rolling rural roads through scenic historical towns such as Hamilton, Purcellville, Round Hill, Taylorstown, and Waterford. The Half-Metric is relatively flat. The rides are fully supported with rest stops and food, bike mechanics, and SAG vehicles.

Registration and Packet Distribution: Registration is available on-line at www.restonbikeclub.org or by mail-in of the form to the indicated address. Packets will be mailed only to persons registering by August 12th, and will contain ride information, and route maps. Those registering after August 8th must pick up a ride packets at the pavilion the morning of the ride. **All riders must: (a) start before 9:00 AM for the Century, and before 10:00 AM for other rides, and (b) wear a helmet and a wrist band. Advanced pre-registered riders do NOT need to check in unless needing additional information.**

Post-Ride Party: The Reston Bicycle Club will host a post-ride party under the Pavilion from 12:30 PM to 5:00 PM (**with food service until 4:30 PM**) and music for no additional cost for all participating cyclists. Your friends and family can join you for \$15 per person.

Beneficiary: Proceeds benefit various local support and non-profit organizations.

Registration and Fees: Register early! Registration is limited to 1500 Riders.

⌘ **Advanced: \$35.00 Now - August 12th**

Pre-register by mail-in of the form or on-line at www.restonbikeclub.org.

Ride packet will be mailed to you.

Check-in at ride start NOT required.

Includes T-shirt available for pick up after the ride (**sizes as ordered**).

⌘ **On-site: \$50.00 August 23th**

Register in-person at RTC Pavilion 6:30AM – 9:00AM, (**cash or checks only**)

Ride packet provided at registration Check-in.

Includes T-shirt available for pick up after the ride (**sizes as available**)

Young Riders: An adult must accompany children under 15. Riders under 18 must have a signed waiver from a parent/guardian.

General Information: **All riders must wear a helmet.** Riders are expected to have a well-equipped bicycle in good working condition. Bring adequate clothing, water bottles, spare tubes, a pump and extra money. T-shirts must be picked up by 5:00 PM the day of the event.

Ride will be held rain or shine.

No refunds will be given.

Need additional information?

Contact: info@restonbikeclub.org

27th Annual Reston Century Bicycle Tour



Sunday, August 23, 2009

Time: 6:30 AM to 5:00 PM

**Start/Finish at the
Reston Town Center Pavilion**

**Benefits Various
Non-Profit Organizations**

2009



CENTURY

Please Print Clearly (SIGN below and submit a separate form for each rider)

Ride Length: 103 Miles 65 Miles 34 Miles

Participant Name: Last _____ First _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone (Day): _____ (Evening): _____ (Cell): _____

E-mail : _____ Age: _____

Emergency Contact: Name _____ Phone _____

Choose T-Shirt Size: Small Medium Large X-Large XX-Large

Make check payable to Reston Bicycle Club and mail to:

Reston Bicycle Club, P.O. Box 3389, Reston, VA 20195-1389

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement")

In consideration of being permitted to participate in any way in Reston Bicycle Club ("Club") sponsored Cycling Activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

- 1. ACKNOWLEDGE, agree, and represent that I understand the nature of Cycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the club, the League of American Bicyclists, their representative administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant's Signature (ONLY IF 18 OR OLDER) _____ Date: _____

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST AS MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed Name of Parent/Guardian _____ Phone _____ Address, City State, Zip Code _____

Signature of Parent/Guardian (only if Participant is under 18 years old) _____ Date _____