

**REGISTER ONLINE: WWW.CASCADE.ORG**



OFFICIAL USE ONLY

**Paper Form Registration Deadline, August 6**

**Online Registration Deadline, August 10**

MAIL TO: CASCADE BICYCLE CLUB, ATTN: RSVP,  
7787 - 62ND AVE NE, SEATTLE, WA 98115

**EVENT TYPICALLY SELLS OUT QUICKLY!!!**

**RSVP 2**  
**August 15 - 16, 2015**

**RSVP 2 2015 Registration (One form per rider, children need their own form and tandems need two).**

**TO COMPLETE YOUR REGISTRATION, YOU MUST FILL OUT THIS PAGE AND SIGN RELEASE AGREEMENT ON BACK.**

CASCADE MEMBERSHIP #	LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
E-MAIL (you will get confirmation and event information via e-mail)		HOME PHONE ( )	WORK PHONE ( )		
ADDRESS		APT.#	CITY	ZIP	STATE COUNTRY
*BIKE MODEL & SERIAL # (REQUIRED IF BIKE IS TO BE SHIPPED BACK)					

**Register Online at [www.cascade.org](http://www.cascade.org) for \$150**

Entry Fee	A Passport or Enhanced Drivers License is REQUIRED to ride RSVP!	\$ 165
Transportation	Back to start line for <b>you</b> and <b>your</b> bike, Monday, August 17 Bike shipment <b>only</b> Monday, August 17 Bike storage at <b>Cascade Bicycle Club (Post Event)</b> _____ days @ \$10 per day	<input type="checkbox"/> \$65 <input type="checkbox"/> \$40 \$
Bike Box Shipping (from UW start line to Coast Plaza Hotel finish line)		<input type="checkbox"/> \$20 \$
Overnight Parking Sat. & Sun. nights at the start line at University of WA - E1 lot will be sold day of event - cash only \$16.		
<b>*SPECIAL NOTE:</b> If you are signing up for return transportation for <u>your bike</u> , you <b>MUST</b> include your bike model and serial # in the space provided above.		
Cascade Member Discount (if applicable) Subtract \$10		\$ -
Cascade Membership (Join now and receive a discount on RSVP and all other Club rides. See form on back.)		\$
Yes! I want to make a tax-deductible donation to the Cascade Bicycle Club Education Foundation, a 501(c)(3) charitable organization, for education of kids, adults and community. <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 <input type="checkbox"/> \$____ Other		\$
PAYABLE TO CASCADE BICYCLE CLUB IN U.S. FUNDS ONLY. SORRY, NO REFUNDS. AMOUNT PAID.		\$

**PLEASE SIGN THE RELEASE AGREEMENT ON THE BACK OR REGISTRATION IS NOT VALID**

Credit Card Payment Information (PLEASE PRINT CLEARLY)

☐ Mastercard ☐ VISA ONLY

CREDIT CARD NUMBER	EXPIRATION DATE
SIGNATURE	CARDHOLDER NAME

To promote the interests of cyclists and cycling, we occasionally share names with other organizations. If you do not want your name shared, please check here. ☐

Note: Membership contributions or gifts to Cascade Bicycle Club 501(C)(4) are not deductible as charitable contributions for federal income tax purposes. Contributions or gifts to Cascade Bicycle Club Education Foundation 501(C)(3) are tax-deductible as a charitable contributions for federal income tax purposes.

**CPSC OR SNELL APPROVED HELMETS ARE REQUIRED!**



**PERFORMANCE**  
BICYCLE



## RIDE FROM SEATTLE TO VANCOUVER, B.C & PARTY (RSVP 2) 2015 RELEASE AGREEMENT

1. In consideration of the acceptance of this entry and by signing this Release for myself (or for the participant if the participant is under 18) I agree to RELEASE, HOLD HARMLESS, and INDEMNIFY Cascade Bicycle Club and all its sponsors, their respective officers, agents, members, employees and volunteers and any and all Countries, States, Departments of Transportation, State Patrols, Counties, Townships and Cities through which this Event may pass, and any other parties connected with this bicycle event including but not limited to elected and appointed officials and their employees for any injury, loss or damage suffered as a result of participation in this bicycle event or any activity associated with it, including injury, loss or damage caused by the NEGLIGENCE of any party.
2. I understand that there are certain risks associated with bicycle riding, including the risk of serious personal injury or death, and I expressly agree to assume these risks. I understand the route chosen may be challenging, not necessarily the safest or easiest route, and that weather, road or traffic conditions may make this ride more difficult. I warrant that I am in proper physical condition to participate in this event, that I am a sufficiently competent cyclist to handle the road conditions, and that my bicycle is in safe operating condition.
3. I understand that wearing a helmet that meets the CPSC, SNELL, ASTM or ANSI bicycle safety standards can minimize head injuries which may occur in a cycling accident, and that Cascade Bicycle Club requires all riders to wear helmets. I agree to wear a helmet while participating in this event and to follow the rules of the road and all applicable laws and safe bicycling practices. It is my sole responsibility to insure that my helmet meets CPSC, SNELL, ASTM or ANSI standards and to wear my helmet while participating in this event.
4. I understand that the registration is NON transferable and can not be resold or given to another person to use.
5. I give permission to Cascade Bicycle Club to use my image in any future Club materials should it appear in photos taken during this Event.
6. I understand that this Release is also binding on my heirs and representatives. If I am signing on behalf of a minor, I accept full responsibility for all medical expenses incurred as a result of the minor's participation. I agree to HOLD HARMLESS and INDEMNIFY the entities named above for any claims brought on behalf of the minor.
7. By registering, I agree to read and familiarize myself with the information in the registration materials and follow the procedures and rules. I will fill out credit card information or include check or money order (US Funds) payable to Cascade Bicycle Club.
8. Any legal action that may arise from my participation in this event will be handled in the state of Washington according to Washington state law.
9. Cascade Bicycle Club reserves the right to remove any participating rider from this event if said rider is deemed by an authorized Club agent to be endangering him/herself or other participants, or is riding illegally as defined by Washington state traffic law. Notwithstanding this clause, Cascade Bicycle Club is not responsible for cyclists not removed from the event for these or any other reason(s) and this clause shall in no way supersede, exempt participants from or otherwise nullify any other clause in this release agreement.
10. I understand that Cascade Bicycle Club and all its sponsors, respective officers, volunteers and agents are not responsible for any lost, stolen or damaged luggage. Participants are advised not to pack any valuables or breakable items in their luggage.
11. The Cascade Bicycle Club will not be responsible for any delay, interruption or other failure to perform, and may cancel any event in the case of a circumstance beyond its reasonable control. Such circumstances include such as, but are not limited to, an Act of God (for example, flood, earthquake, volcanic eruption, etc), war, riot or other civil disturbance, fire, epidemic, explosion, terrorist activity, sabotage, compliance with government requests, orders, or regulations, inability to deploy necessary equipment or volunteers, roadway or trail closures or construction, dangerous or impassable roadway or trail conditions, or any other cause beyond the reasonable control of the Cascade Bicycle Club. The executive director and the board will be the sole decision makers as to what, if any, refund or other accommodation will be made in the event of cancellation of an event. It is possible that an event will be cancelled without any refund or accommodation.

***By signing below I pledge to ride safely and courteously and obey all vehicle traffic laws while riding this Cascade Bicycle Club event.***

<b>X</b>	
SIGNATURE OF ACTUAL PARTICIPANT	DATE
*SIGNATURE OF PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18.	DATE
*CONSENT FOR MEDICAL CARE AND TREATMENT OF A MINOR: BY SIGNING ABOVE I AUTHORIZE MEDICAL TREATMENT FOR THE MINOR REGISTERING FOR RSVP AND AGREE TO BE RESPONSIBLE FOR ANY COSTS ASSOCIATED WITH SUCH TREATMENT. PARENT OR GUARDIAN MUST ACCOMPANY AND BE RESPONSIBLE FOR MINORS.	

**Important! Remember to complete the Emergency Contact Information on the back side of your RSVP 2 Bib Number.**

<b>CASCADE BICYCLE CLUB MEMBERSHIP</b>		<input type="checkbox"/> New member(s)	<input type="checkbox"/> Renewal	<input type="checkbox"/> New address
Primary Member :	(First)	(M.I.)	(Last)	(DOB)
Household or				
Family Member(s):				
<b>Category</b>	<b>1 year</b>	<b>2 year</b>		
Individual	<input type="checkbox"/> \$40	<input type="checkbox"/> \$75		
*Family/household	<input type="checkbox"/> \$65	<input type="checkbox"/> \$125		
*Supporter	<input type="checkbox"/> \$110	<input type="checkbox"/> \$205		
*Advocate	<input type="checkbox"/> \$275	<input type="checkbox"/> \$525		
*Champion	<input type="checkbox"/> \$550	<input type="checkbox"/> \$1050		
Student/Limited income (e-newsletter only)	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25		
<b>*Includes household and family members.</b>				
Note: Membership contributions or gifts to the Cascade Bicycle Club 501 C(4) are not deductible as charitable contributions for federal income tax purposes.				

Enter membership fee on the front of this form.

Cascade Bicycle Club needs your help! To get information on volunteering for the Club e-mail: [volunteer@cascadebicycleclub.org](mailto:volunteer@cascadebicycleclub.org) or call 206.522.3222.