

Waco Wild West Century

September 27, 2008

Last name _____ First Name _____

Address _____ City _____ State ____ Zip _____

Phone # _____ E-mail _____

<i>One rider per registration form</i>	Cost	Qty	Total
Ride – <i>Early registration deadline 9/24/08</i>	\$25		
Ride – <i>(after 9/24/08)</i>	\$30		
Additional family member *	\$15		
Group rate (per rider) Groups of 10 or more *	\$15		
Pancake breakfast (Saturday)	\$5		
Embroidered WWWC cap	\$10		
National Marrow Donor Program donation			
Total due – make checks payable to WWWC			

Circle your planned route distance 10 26 50 65 100 miles
Circle T-shirt size Kids-M Kids-L / Adult S M L XL XXL

In consideration of the acceptance of this registration entry, I, the undersigned, assume full and complete responsibility for any injury or accident which may occur during my participation in the Skittles® Waco Wild West Century Ride. I hereby release and hold harmless the sponsors, promoters, and all persons and entities associated with this event from all and any injury or damages, whether caused by myself or the negligence of the sponsors, promoters or any other persons associated with the event. This agreement may not be modified orally by any individual. I understand that a bicycle is a legal vehicle in the State of Texas and I must follow all laws. I understand that wearing of an approved bicycle safety helmet is required.

Signature of participant (or parent or legal guardian of minor rider) _____ date

*Each rider **must complete an entry form** and waiver, family and group registrations **must** be sent together.
Photocopy this form if you need extras!

Sign the waiver above and mail along with your check to:

**WWWC
PO Box 7068
Waco, Texas 76714-7068**