



2008 CLINIC REGISTRATION FORM  
Cinderella Indoor Training  
Tuesdays & Thursdays – 6:30 – 8:00pm  
January 29<sup>th</sup> – April 3<sup>rd</sup>, 2008  
Cyclepath -- Hayward  
20 sessions -- \$150

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ (REQUIRED)

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**VELO GIRLS™ COACHING SERVICES LIABILITY WAIVER:**

In consideration of my participation in this event, presented by VELO GIRLS™ COACHING SERVICES (hereinafter VGCS), I for myself, my heirs, executors, administrators, successors, and assignees DO HEREBY:

1. Understand that participation in bicycle events is inherently dangerous, and that whether in public or private areas; that there are ever present dangers and risks of injury or death from either my own actions, or as a result of actions of others over whom neither VGCS nor I have any control.
2. I further acknowledge that I am aware of vehicle operation regulations imposed by the California Vehicle Code and of safety precautions involving equipment and clothing. I ASSUME ALL RISK for myself and assume all liability to others for my failure to have complied with those regulations and precautions, or for any failure to inspect my bicycle, and I therefore:
3. RELEASE, DISCHARGE, and COVENANT NOT TO SUE VGCS from any and all claims and liability arising out of strict liability or ordinary negligence for any act which causes the undersigned injury, death, damages, or property damage. I hereby covenant to hold VGCS harmless and to indemnify VGCS for any claim judgment, or expense VGCS may incur arising out of my activities in this event.

I have read this document. I understand that it is a release of all claims. I understand that I assume all risks inherent in bicycle events. I voluntarily sign my name evidencing my acceptance of the above provision and conditions.

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

Parent/guardian Signature (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

Please mail this form along with registration fee to:  
Velo Girls™ Coaching Services -- 816 N. Delaware St. #210 – San Mateo, CA 94401