



Office use only

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SADDLEBACK SPRING CLASSIC

GRAN FONDO

PEDALING TO CURE PEDIATRIC CANCER

SADDLEBACK SPRING CLASSIC GRAN FONDO
PEDALING TO CURE PEDIATRIC CANCER
MARCH 24TH, 2018 | IRVINE VALLEY COLLEGE

One entry per form. This form may be photocopied. Please print legibly and USE BLUE OR BLACK INK ONLY.

FIRST NAME

LAST NAME

AGE ON RACE DAY DATE OF BIRTH / / SEX: M F

STREET ADDRESS

CITY

STATE ZIP

DAY PHONE - -

EMAIL ADDRESS

T-Shirt Size S M L XL XXL Child M Child S

ENTRY FEES

	Early Price	After 8/31	After 9/30	After 11/24	After 12/31	After 2/19	Through Event Day
100 mile	\$75	\$85	\$95	\$105	\$115	\$120	\$125
50 mile	\$50	\$55	\$60	\$65	\$70	\$75	\$80
35 mile	\$40	\$45	\$50	\$55	\$60	\$65	\$70
15 mile	\$30	\$32	\$35	\$38	\$42	\$45	\$50
Kids Ride	\$10	\$12	\$15	\$18	\$20	\$23	\$23
Tiny Tike Bike	FREE	FREE	FREE	FREE	FREE	FREE	FREE

Upgrade to Brick (Half Marathon, 5K, 10K on Sunday March 25th)
 Half marathon 5K 10K \$45 \$_____

Jersey \$75 \$_____

Tandem Upgrade \$30 \$_____

TOTAL AMOUNT ENCLOSED \$_____

Visa MC Am Ex

Billing Zip Code CWV Number

Credit Card # _____

Exp. Date _____

Signature _____

EVENT DAY EMERGENCY CONTACT

()
 Name (Please Print) _____ Phone _____

WAIVER: I, the undersigned, understand that there are risks associated with strenuous physical exertion and with this event, including but not limited to those caused by terrain, weather conditions, and the condition of the participant, vehicles, other participants and failure to adequately fuel or hydrate the body. In consideration of your accepting this entry to participate in the Saddleback Spring Classic Gran Fondo from now on referred to as the "Event", I hereby assume ALL RISKS associated with this event and I hereby waive, release and discharge Make-U-Fit Productions, Renegade Racing and organizers (including race directors), Pediatric Cancer Research Foundation, the County of Orange and OC Parks and the State of California, City of Irvine, City of Lake Forest, City of Mission Viejo, City of Rancho Santa Margarita, City of San Juan Capistrano, City of San Clemente, City of Dana Point, and their appointed boards, officials, officers, employees, agents, volunteers and representatives; and states, cities, towns, and other governmental bodies and locations in which an Event or portions of an Event takes place, and the officers, directors, employees, agents, insurers, other participants and representatives of all of the above, race officials, volunteers, all sponsors, their representatives and successors, all Event sponsors, Event staff, administrators, officials, contractors, vendors, athletes, all other persons or entities involved with an Event, (collectively, the "Released Parties"), from any and all claims for damages for death, personal injury or property damage or actions of any kind which may hereafter accrue to me or any other person as a result of my participation in this event. Further, I hereby grant full permission to any and all foregoing to use any photographs, video tapes, motion pictures, recordings or any other record of this "Event" for any legitimate purpose such as but not limited to advertising, race brochures, posters and other promotional material.

IF THE PARTICIPANT IS UNDER 18 YEARS OLD: This is to certify that a legal guardian or parent is giving permission for a participant under 18. The parent or legal guardian agrees to the fore mentioned considerations and assumes the risks of the under 18 years old participant in the "Event" and related activities.

Printed Name of Participant _____ Date _____

Signature of Participant or Guardian _____ Date _____

2ND RIDER IF DOING TANDEM

FIRST NAME

LAST NAME

AGE ON RACE DAY DATE OF BIRTH / / SEX: M F

EMAIL ADDRESS

T-Shirt Size S M L XL XXL Child M Child S

ENTRY FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.
 RACES HELD RAIN OR SHINE.

(Make checks payable to Renegade Racing)
 MAIL TO:
 22600-C Lambert Street, Suite 910, Lake Forest, CA 92630
 949-975-1812 PHONE • 949-975-1814 FAX

RENEGADE RACE SERIES
WWW.RENEGADERACESERIES.COM