

**CITRUS CYCLING, INC. PRESENTS:
FLORIDA VELO DEVELOPMENT TEAM
BENEFIT RIDE**

**JULY 12, 2008
8:00AM**

MAIL THIS ENTRY FORM AND YOUR CHECK TO:

Citrus Cycling, Inc.
2099 E. Marcia Street
Inverness, FL 34453

Please make checks out to Citrus Cycling, Inc.

**Online Registration is also available at www.citruscycling.org
through July 10th. Register in person after July 10th.**

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Choose Your Route:

_____ 16 mile Fun Ride _____ 34 mile Power Ride _____ 62 mile Metric Century

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 "Florida Velo Development Team Benefit Ride", and I hereby release and hold harmless the sponsor, promoters, and all other persons and entities associated with the event, from all and any injury or damages, whether it be caused by myself, or the negligence of the sponsor, 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 Florida, and that I must ride in a safe manner while wearing a helmet.

Signature of Participant _____ Date _____