Dart Carolina 2012

Start date will be April 5-8, 2012 covering a minimum of 200k with each 3 to 5 member team finishing 12 hours after their assigned start time. Each team may start its ride between noon Thursday and 10:00 AM on Saturday. The minimum distance required for the 12-hour period is 200 KM. No rest stop may exceed two hours in any one location.

For the 2012 Carolina Dart event, it is suggested that no 2 teams start from exactly the same starting location/address, but if you must but if you must use the same starting address, then team start times of one hour apart will be assigned to your teams. You may start within any of the RUSA allowed start times/dates. Please consider planning your start times which will allow all teams to finish closer to the same time for an after Dart gathering of all riders.

Finish location will be Nags Head, North Carolina

All RUSA rules must be followed info on www.rusa.org
Dart Rules
Team Randonnées

Pre-registration for the Carolina Dart-USA is required for each team and for each individual rider! Riders must enter in teams with a designated captain – no individual/solo rider entries for the Dart will be accepted, you must me a member of a team.

All team entries should be received by March 20, 2012, including the team’s proposed route. All routes must be approved and confirmed with team captains by March 26, 2012.

Any requests for last minute changes to the team or route will be approved at the discretion of the organizer. All communication will be with the team captain only.

To pre-register use the online form.

All team members or team captain must send via postal mail or personal delivery, a signed release and all individual event cost/donations to be received no later than March 26, 2012.

Team captain may submit all cost/donations

Please download, print at 100 % size, fill out and mail the waiver forms provided. **Note: Scaled or lightly printed forms will not be accepted**

Entry must consist of a single Registration form for the team, plus all Waiver/Release forms for each individual member of the team and payment of cost/donations.

These documents will be in PDF format:

*Please return the completed waiver/releases to:*

Bicycle For Life
1935 Barringer Rd
Salisbury, NC 28147

The membership and survey do not need to be returned unless you want to return them.
Flèche Carolina 2012

Start date will be April 5 - 8, 2012 covering a minimum of 360k with each 3 to 5 member team finishing 24 hours after their assigned start time. Each team may start its ride between noon Thursday and 10:00 AM on Saturday. The minimum distance required for the 24-hour period is 360 KM. No rest stop may exceed two hours in any one location.

For the 2012 Carolina Flèche event, it is suggested that no 2 teams start from exactly the same starting location/address, but if you must but if you must use the same starting address, then team start times of one hour apart will be assigned to your teams. You may start within any of the RUSA allowed start times/dates, please consider planning your start times for Friday morning, April 6, 2012, which will allow all teams to finish closer to the same time for an after Fleche gathering of all riders.

Finish location will be Nags Head, North Carolina

All RUSA rules must be followed info on www.rusa.org
Flèche Rules
Team Randonnées

Pre-registration for the Carolina Flèche-USA is required for each team and for each individual rider! Riders must enter in teams with a designated captain – no individual/solo rider entries for the flèche will be accepted, you must me a member of a team.

All team entries should be received by Mar 20, 2012, including the team's proposed route. All routes must be approved and confirmed with team captains by March 26, 2012
Any requests for last minute changes to the team or route will be approved at the discretion of the organizer. All communication will be with the team captain only.

To pre-register use the online form.

All team members or team captain must send via postal mail or personal delivery, a signed release and all individual event cost/donations to be received no later than March 26, 2012.

Team captain may submit all cost/donations

Please download, print at 100 % size, fill out and mail the waiver forms provided. **Note: Scaled or lightly printed forms will not be accepted**

Entry must consist of a single Registration form for the team, plus all Waiver/Release forms for each individual member of the team and payment of cost/donations.

These documents will be in PDF format:

*Please return the completed waiver/releases to:*

**Bicycle For Life**  
1935 Barringer Rd  
Salisbury, NC 28147

The membership and survey do not need to be returned unless you want to return them.
ACCIDENT WAIVER AND RELEASE OF LIABILITY

In consideration of being permitted to participate in any way in any RUSA High Point NC USA region Brevet, Fleche, or other RUSA event (Activities or Activity) I, for myself, my representatives, assigns, successors, and heirs represent and agree as follows:

I acknowledge that this athletic event or Activity is an extreme test of a person’s physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. If at any time I believe conditions to be unsafe I will immediately discontinue further participation in the activity.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS:

TONY GOODIGHT, BICYCLE FOR LIFE, BICYCLE EXCURSION ADVENTURE CORPORATION, RANDONNEURS USA, (RUSA), AUDAX CLUB PARISIEN, and RANDONNEURS MONDIAUX, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand it's content. I understand that I have given up substantial rights by signing this AWRL and have signed it freely and without any inducement or assurance of any nature.

PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

<table>
<thead>
<tr>
<th>PRINT NAME</th>
<th>AGE</th>
<th>SIGNATURE</th>
<th>DATE</th>
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If under 18 years old, parent or guardian must sign

BEAC-form-02_3-revision-Dec 2011
Bicycle for Life **“BFL”** a division of Bicycle Excursion Adventure Corporation **“BEAC”**

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AND PARENTAL CONSENT AGREEMENTS (“AGREEMENT”)**

IN CONSIDERATION of being permitted to participate in any way in Bicycle Excursion Adventure Corporation or Bicycle for Life sponsored Bicycling Activities (“Activity”) I, for my personal representatives, my heirs, next of kin, and myself:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (“RISKS”); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED HEREIN; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Bicycle Excursion Adventure Corporation, Bicycle for Life, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTEND ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

(Date)

(Printed Name of Participant)

(Street Address of Participant)

(City) (State) (Zip)

(Phone)

**PARENTAL CONSENT AGREEMENT**

This section below is for participant if under age of 18.

AND I, THE MINOR’S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR’S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR’S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE this RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR’S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED HEREIN, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

(Date)

(Printed Name of PARENT/GUARDIAN)

(Street Address of Parent/Guardian)

(City) (State) (Zip)

(Phone)

(PARENT/GUARDIAN Signature) (Date)

(Only if participant is under the age of 18)
**Bicycle for Life**  
**2012 Club Membership Application**

Please print, fill out completely and sign the application! Some of the membership signups are available online at www.Bicycleforlife.org

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**NAME:** ________________________________________________

**ADDRESS:** _____________________________________________

**CITY:** ______________________ **STATE:** ______ **ZIP:** __________

**DATE OF BIRTH:** _______________ **PHONE:** _________________

**E-MAIL ADDRESS:** ______________________________________

BFL primarily uses e-mails to send out info

**Emergency Contact Name:** _______________________________

**Emergency Contact Phone Number:**

Initial here to have your phone number withheld, if or when the club distributes its membership list to club members (for personal, non-commercial use only).

**Membership application is for:**

**Basic Membership (complementary)**

For members who only want to receive newsletters and publications via email only.

$0.00 per person—Please check choice below

- Basic Club Adult Memberships: age 18 and above
- Basic Club Junior Membership: ages 10 through 17, with the approval of a parent or legal guardian

**Plus Membership**

For members who want to receive newsletters and publications via US Postal mail in USA

$30.00 per person—Please check choice below

- Plus Club Adult Memberships: age 18 and above
- Plus Club Junior Membership: ages 10 through 17, with the approval of a parent or legal guardian

**Membership dues are nonrefundable!**

**Additional Donation for Club Programs $__________**

**Total enclosed with this Application $__________**

(please make your check payable to Bicycle for Life)

Please mail the completed Application to:

**Bicycle For Life**  
**Membership Dept**  
**1935 Barringer Rd**  
**Salisbury, NC 28147**

A Membership Committee Representative will reply with the status of your application after BFLC receives your payment of dues along with the completed application.

If you have any questions contact us at info.membership@bicycleforlife.org or visit us on the web www.BicycleForLife.org

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**Which activities would you consider volunteering club help?**

- Riding your Bicycle
- Non-cycling assistance at club events (registration, sag wagon, etc.)
- Leading Bicycle rides
- Club leadership position (Committees, President, VP, Secretary, Treasurer, etc.)
- Helping with newsletters, etc.
- Organizing, hosting, or helping with parties
- Helping address and mail newsletters, etc
- Any other area where I can help

**Other**

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**Your Other Affiliations:**

- League of American Bicyclists
- Adventure Cycling Association
- Ultra Marathon Cycling Assoc.
- Randonneurs USA
- USA Cycling
- NORBA
- Rails To Trails Conservancy
- Other ______________________
- Other ______________________

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**What is your group comfort avg. speed in mph?**

- Racing: any controlled speed
- Fast Fitness up to 21
- Fitness up to 18
- Cruisers up to 17
- Site seeing up to 15
- Beginners up to 14

Specify a mph range: ___ to ___

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**How far do you prefer to ride on weekend group rides?**

Specify a mileage range (i.e.- 15-30 miles etc.): _________

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Please tell us how you got this application:

By mail: ______________

A friend: ___________________

A bike shop: ___________

Internet, etc.: ________________

---

**How did you hear about Bicycle for Life Club?**

________________________________________________________________

Do you have any requests for club info: ___________________________

________________________________________________________________

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As a BFL Club member:

I agree to wear my helmet when bicycling,

I will bicycle responsibly and safely,

I will follow local and state laws while bicycling,

I will not use illegal drugs,

I will not drink alcohol just before or while cycling

________________________________________________________________

(Applicant’s Signature required)                      (Date)

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PRIOR TO PARTICIPATING IN ANY BFLC EVENTS, YOU MUST SIGN THE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY (AND PARENTAL CONSENT for youth) AGREEMENT.

Bicycle For Life is a division of Bicycle Excursion Adventure Corporation a nonprofit organization, registered in the State of North Carolina (Federal 501(c)(3) non profit status has not been applied for at this time)
Dear Member or Rider,

The Board of Directors and Ride Directors are very interested in how you feel about the rides conducted through Bicycle For Life. All Ride Directors receive guidelines on how to set up and run their rides, but of course, each Ride Director will add their personal techniques in conducting the events. These variances make our rides unique and special. In order for us to maintain a high standard and ensure that major needs and requirements are met on rides, we would greatly appreciate hearing from you. If you went on a ride this year, please complete the questionnaire below and return it to us at our main office.

Name of ride/location: _________________________________________________________
Ride Director’s Name: __________________________________________________________

Please mark your response and make notes as you like.

YES  NO  Did you receive adequate and accurate descriptions of the ride before hand?
YES  NO  Were daily briefings held?
YES  NO  Was the difficulty of the ride rated correctly?
YES  NO  Were enough places of interest along the route?
YES  NO  Did you receive assistance from the support drivers as needed?
YES  NO  Did you receive value for money paid?
YES  NO  Did you receive assistance from the Ride Director when needed?
YES  NO  Would you recommend this ride to your friends?

Please rate the following:

N/A Poor Fair Good Very Good Excellent  The ride routing
N/A Poor Fair Good Very Good Excellent  The roads traffic-wise
N/A Poor Fair Good Very Good Excellent  The route sheets
N/A Poor Fair Good Very Good Excellent  The maps provided
N/A Poor Fair Good Very Good Excellent  The handling of the luggage van
N/A Poor Fair Good Very Good Excellent  The hotels/motels
N/A Poor Fair Good Very Good Excellent  The meals included in the ride
N/A Poor Fair Good Very Good Excellent  The group camaraderie
N/A Poor Fair Good Very Good Excellent  The leadership
N/A Poor Fair Good Very Good Excellent  The ride overall

If you were the Ride Director, what would you do to improve this ride?:

What did you like best about the ride?:

Comments:

Optional info
Would like for us to contact you?: ______________________________________________
Your Name: ____________________________________________________________________
Your Address: __________________________________________________________________
Your e-mail & phone#: __________________________________________________________

Please return to:

Bicycle for Life
1939 Barringer Rd
Salisbury NC 28147

Bicycle For Life wishes you good and safe bicycling always!!!!!!!

You may also contact us at info@bicycleforlife.org or visit us on the web at www.bicycleforlife.org Bicycle for Life is a division of Bicycle Excursion Adventure Corporation a non-profit charitable organization, registered in the State of North Carolina (Federal 501(c)(3) non-profit status has not been applied for at this time)