

Flèche Carolina 2010

Start date will be April 1-4, 2010 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 2010 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 4, 2010, which will allow all teams to finish closer to the same time for an after Fleche gathering of all riders.

Finish location will be Atlantic Beach, 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 be a member of a team.

All team entries should be received by March 14, 2010, including the team's proposed route. All routes must be approved and confirmed with team captains by March 21, 2010.

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 21, 2010.

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
1939 Barringer Rd
Salisbury, NC 28144**

Bicycle For Life

(Bicycle For Life is a division of Bicycle Excursion Adventure Corporation a nonprofit organization, registered in the State of North Carolina)

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 Releasees, 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 EXTENT 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.

(Printed Name of Participant)

(Signature of Participant) (if age 18 and older) (Date)

(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.

(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)

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.

PRINT NAME

AGE

SIGNATURE

DATE

If under 18 years old, parent or guardian must sign

Bicycle for Life

2010 Club Membership Application

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

BLFC-ID # _____	_____	(# Assigned by BFL staff only)
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Which activities would you consider volunteering club help?

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

Your Other Affiliations:

<input type="checkbox"/> League of American Bicyclists	<input type="checkbox"/> Adventure Cycling Association
<input type="checkbox"/> Ultra Marathon Cycling Assoc.	<input type="checkbox"/> Randonneurs USA # _____
<input type="checkbox"/> USA Cycling # _____ USCF Cat _____ NORBA _____	<input type="checkbox"/> Rails To Trails Conservancy Other _____ Other _____

What is your group comfort avg. speed in mph?

<input type="checkbox"/> Racing: any controlled speed	<input type="checkbox"/> Fast Fitness up to 21
<input type="checkbox"/> Fitness up to 18	<input type="checkbox"/> Cruisers up to 17
<input type="checkbox"/> Site seeing up to 15	<input type="checkbox"/> Beginners up to 14
<input type="checkbox"/> Specify a mph range: _____ to _____	

How far do you prefer to ride on weekend group rides? Specify a mileage range (i.e.- 15-30 miles etc.): _____

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: _____

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)

**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)

BEAC-form-011-revision-Dec 2009

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ PHONE: _____
E-MAIL ADDRESS: _____ <small style="text-align: center;">BFL primarily uses e-mails to send out info</small>
Emergency Contact Name: _____
Emergency Contact Phone Number: _____
<small>_____ 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).</small>

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
1939 Barringer Rd
Salisbury, NC 28144**

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

Bicycle For Life

Ride evaluation (optional)

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 | Were solo riders attended to as needed as far as you know? |
| 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)