

SECOND ANNUAL WEISER RIVER TRAIL BIKE RIDE

Friends of the Weiser River Trail is organizing three fun bike rides on **Saturday May 31, 2008**.

45-MILE RIDE: Rubicon to Cambridge. Lunch at Goodrich.

Meet at the Cambridge kiosk on Hwy 95 just through town heading toward New Meadows at 8:00AM Saturday May 31, 2008 to pick up the shuttle.

20-MILE RIDE: Council to Cambridge. Lunch at Goodrich.

Meet at the Cambridge kiosk at 10:00AM Saturday May 31, 2008 to pick up the shuttle.

10-MILE FAMILY RIDE: Goodrich to Cambridge. Lunches will be handed out at Goodrich and you'll be able to stop anywhere along the way for a picnic.

Meet at the Cambridge kiosk at 10:00AM Saturday May 31, 2008 to pick up the shuttle.

The trail is packed dirt but sandy in places, similar to a Forest Service road, rough, and possibly muddy, so mountain bikes with wide knobby tires are essential. The ride is a gentle downhill slope the entire way. Because of the possibility of goatheads, use slimed tires or be prepared to change a tire. Be prepared for any kind of weather from rain to snow flurries to heat. Get in good shape. You should be capable of riding the full distance that you sign up for as sag vehicle space is very limited.. Helmets are mandatory. Remember this is a pleasure ride, not a race.

List of items to bring:

- Helmet
- Rain gear
- Water bottles
- Sun screen
- Extra tubes
- Bike pump
- Bug spray
- Tools to change tube

Registration Form

Please fill out this form and send it and your check to Paul Poorman 5230 N.Black Cat Rd., Meridian, ID 83646.

Deadline for signing up is May 15, 2008. We can only accommodate 100 cyclists, and cannot provide shuttles, T-shirts, or lunches to those registering after the deadline. You will get a confirmation email or letter if you meet the cutoff time and registration limit.

Name: _____

Address: _____

Phone: _____

Email: _____

Number of cyclists

for the 45-mile ride _____;

for the 20-mile ride _____;

for the 10 mile family ride _____

Sandwich choice, number of each: beef _____ turkey _____ vegetarian _____

T-shirt size/s: Small _____; Med _____; Large _____; X-Large _____

Do you need to be shuttled? If so, number of people and bikes:

Can you help shuttle? If so, number of people and bikes:

Enclosed check for _____ (\$35.00 per person, non-members)

Enclosed check for _____ (\$25.00 per person, members)

Enclosed check for _____ (\$75.00 per family, members or non members)

Membership number _____

Membership form is enclosed _____

(membership forms can be found in our brochure or on our website: www.weiserrivertrail.org)

Please make checks payable to FWRT

You must also sign the release form

WEISER RIVER TRAIL BIKE RIDE

Official Release Form

This is a release. It contains limitations on liability

I understand this bike ride is a hazardous activity which involves being in remote areas for a long time, that these areas have many natural and man-made hazards which management cannot anticipate, identify, modify or eliminate, and that accidents can happen to anyone at any time, and that there is NO ambulance or medical help present.

I UNDERSTAND THAT I AM ENTERING THIS BIKE RIDE AT MY OWN RISK and upon acceptance of my application in above named Bike Ride, I acknowledge that I assume FULL RESPONSIBILITY for my own safety. I and my heirs, executors, and administrators, will hold FWRT, and all officers and directors thereof, any member of the management and personnel, and all property owners/tenants whose land the Bike Ride crosses BLAMELESS for any injury or loss which occurs due to my participation, and free all liability for such injury or loss. In short, I will not sue the Bike Ride management, their personnel, landowners or tenants for any reason.

As a participant I have read the above liability release and will agree to abide by ALL RULES

PLEASE HAVE ALL PARTICIPANTS READ AND SIGN

Signature _____ Date _____

Signature _____ Date _____

MINORS MUST HAVE THE FOLLOWING RELEASE SIGNED BY SPONSORING ADULT

We have brought our child/children to the Weiser River Bike Ride at our own risk. We understand that there is no medical aid or insurance for my child/children. We assume all responsibility for said child's safety, and agree to release FWRT, officers, directors, personnel and all land owners/ tenants from all claims, demands, lawsuits or liabilities, which might arise.

MINOR'S NAME/S _____

Parent/Guardian _____ Date _____