

9<sup>TH</sup> ANNUAL CHEROHALA CHALLENGE  
June 21, 2008  
REGISTRATION FORM  
One person per form. Form may be duplicated.

**Please print.**

**All mailed registrations must be received by June 17**  
**Registration is not valid unless waiver is signed and dated.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on June 21, 2008: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**T-Shirt Size:** Small \_\_\_\_\_ Med \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large \_\_\_\_\_

**Ride Option:** 115 miles \_\_\_\_\_ 62 miles \_\_\_\_\_ 50 miles \_\_\_\_\_ **Meal Option:** Meat \_\_\_\_\_ Vegetarian \_\_\_\_\_

**Donation** to the Jeff Roth Cycling Foundation: **\$1** \_\_\_\_\_ **\$5** \_\_\_\_\_ **\$10** \_\_\_\_\_ No Thanks \_\_\_\_\_  
(You will receive a bumper sticker for any donation)

**Ride Fees:**

Through June 11	<b>\$40</b>	
Late Registration: June 12 – June 18	<b>\$50</b>	<b>Total enclosed:</b> _____
On-site Registration: June 20 – 21	<b>\$55</b>	

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**WAIVER:**

I understand that bicycling is potentially hazardous and involves a certain degree of risk that may result in injury or death. In consideration of the benefits to be derived after carefully considering the risk involved, I am voluntarily entering into this activity with knowledge of such danger. I hereby accept any and all risk. In consideration of being permitted to participate, I, for myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, indemnify and hold harmless, and discharge The Smoky Mountain Wheelmen Bicycle Club (hereinafter "Club") for any and all damage, any claim for damages resulting there from, on account of injury to my personal property, or my death, whether caused by negligence of Club or otherwise while I am taking part in this activity. In addition, I give the Club and photographer permission to use my likeness for articles and advertising. By signing this waiver, I certify that I have read and understand the importance and significance of it; and fully agree to all of the terms and provisions, and the release of liability.

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Participant signature

Date

**Make Checks payable to: Smoky Mountain Wheelmen**

Mail check and form to: Dawn Salyer  
Cherohala Challenge  
1400 Duncan Avenue, #15  
Chattanooga, TN 37404