Seventeenth Annual Misaligned Minds Registration
Mail to: CRCC, C/o BikeWorld, 809 Joe Clifton Dr. Paducah, KY 42001
Make checks payable to: CRCC **ROUTE SELECTION (Miles):_____25 _____40**
_____65 _____100

(One rider per form. Tandems need 2 forms. Families need one form per Rider).

LAST NAME		FIRST NAME	AGE
MALE ❑ FEMALE ❑	E-MAIL (Please print carefully)	HOME PHONE ( )	WORK OR CELL ( )
ADDRESS		CITY	STATE AND ZIP

EMERGENCY CONTACT (Name and phone reachable during ride)

Bare Back registration	☐ Individual - $15 ☐ (Family) - $20	$
Early bird registration until Sept. 5	☐ Individual - $22 ☐ (Family) - $40	$
Regular registration after Sept. 5	☐ Individual - $26 ☐ (Family) - $46	$
Additional t-shirts	☐ Each - $10	$
	Total Enclosed	$

T-shirt size(s) ___S ___M ___L ___XL ___XXL

How did you hear about Misaligned Minds?_____
Times Ridden MM_____

RELEASE TO ORGANIZERS AND SPONSORS:

In signing this form for myself, or for participants under 18 years of age, for who I am legally responsible, I am acknowledging that bicycling carries risks, and I am willing to assume those risks. I understand it is not possible to remove all risks to the participants. Further, I agree to absolve all sponsors and organizers, individuals or organizations, singly and collectively, of all blame of any injury, harm, loss or inconvenience suffered as a result of taking part in the Misaligned Minds Bicycle tour or in any activities associated with the event. I understand I, as an individual, am responsible for abiding by all traffic laws and regulations governing bicycling and I take full responsibility for my actions. **I agree to wear a bicycle helmet while riding Misaligned Minds.**

_____ _____
Signature Parent or Guardian Signature (required if rider is under 18)

Date _____/_____/_____