



Family, Fun & Fitness Too!
Sudbury Fitness Challenge Mountain Bike Tour
Walden Mountain Bike Club Trails - Naughton (XC Ski Trails)

Sunday, August 9th, 2009

8:00 a.m. – 11:00 am Registration, Bike Check & Bib Pick Up

9:00 a.m. Children Event Starts

10:00 a.m. 4 km, 8 km, and 16 km double track race begins

12:00 p.m. 20 Km Advanced Course Race begins

Come on out and participate in a fun event on the Walden Mountain Bike Club trails!

There are distances for everyone:

600m for children under six (training wheels allowed)

1 km for children 6 to 9 years

4 km for children 10-12 years

8 and 16 km distances for those wanting to challenge themselves

20 km Advanced Course (Better Technical Skills and higher fitness level required for Advanced Course)

HELMETS ARE MANDATORY FOR ALL PARTICIPANTS

Entry Fees:

\$5 for Children

\$20 for Adults (15 years of age and up)

\$35 for Family (living in the same household)

Participation awards for Children

Event participants, age group awards,

Prizes, BBQ and Refreshments

GRAND PRIZE: Mountain bike courtesy of **The Outside Store**

For more information visit www.sudburyrocks.ca

Drop off your entry form at The Outside Store until Wednesday, August 5, 2009

Registration Form

Last Name: _____ **First Name:** _____ **Sex:** M F
Address: _____ **Birth Date** _____ (DD/MM/YYYY)
City: _____ **Postal Code:** _____ **Phone:** _____ **Race Distance:** Under 6 Yrs
 1 KM (7-9 Yrs) 4KM (10-12 yrs) 8 Km 16 km 20 Km Advanced Course
Email: _____

**INFORMED CONSENT
WARNING! PLEASE READ CAREFULLY!**

I _____, desire to participate voluntarily in the **SUDBURY FITNESS CHALLENGE MOUNTAIN BIKE TOUR 2009.**

I understand and have been advised that some of the activities I will undertake may involve physical exertion.

I understand and have been advised that some of the activities I will undertake involve the potential for injury, falls, collisions, etc.

As well I have been duly informed that while participating I should use caution and wear appropriate clothing and protective equipment (helmet, protective pads, etc)

I have been informed that during my participation, it is my complete right and responsibility to decrease or stop should at any time I believe it to be unsafe to continue doing so and that it is my obligation to inform the program volunteers of my concerns or my symptoms.

It is my understanding and I have been informed that there exists the remote possibility of injury including abnormal blood pressure, fainting, and disorders of the hearth rhythm and, in very rare circumstances, heart attack or even death as well cuts, infections, bruises and broken bones. I have been told that every effort will be made to minimize these occurrences through proper supervision and by my own careful control of efforts as well the use of proper personal safety equipment. I understand there are risks, known and unknown, including a risk of injury, heart attack or even death as a result of my participation, but knowing those risks, it is my desire to participate as indicated herein.

I UNDERSTAND, AGREE AND ACKNOWLEDGE that I have read this document in its entirety and that I fully understand and accept its contents:

- a) Choosing to participate in the Program brings with it the assumption by me of the above stated potential **RISKS** and **I ASSUME FULL RESPONSIBILITY** about these **RISKS**.
- b) I am free to withdraw from the Program at any time. I agree to voluntarily withdraw from the Program if I begin to experience any signs of light-headedness, fainting, chest discomfort, leg cramps, nausea or other ailments affecting my health.

I declare that I have read, understood and agree to the contents of the **INFORMED CONSENT** form in its entirety this _____ day of _____, 2009.

(Signature)

Witness (Signature)

(Print Name)

Witness (Print Name)

Date

Date