

Signature of Parent/Guardian:___

HBA Application version 11/2016

Application for RAGBRAI Accommodation with HBA

Date Signed____/__/__

Cedar Rapid	ds. low			_
Last Name	First Name	<u>M I</u>	Date of Birth: / mm dd yyyy	
Mailing Address		City	State Zip Code	
()			E-mail Address	
Persons to contact in cas	se of an emergency:	Relationship:	Phone # () -	•
Last name	First name		• •	_
2 Last name	First name	Relationship:	Phone # ()	_
HBA member during the past year? I will provide my own transportation to the starting point? I wish to load my bike onto the HBA truck Friday evening before departure Tandem bicycle? I will be riding on bus with HBA from End town back to Cedar Rapids HBA's Expectations for its 'RAGBRAI Team'				
 possess a legitin Any vehicle accompa Accommodate "lights Riders under 18 must heir possession. We will usually be sta No alcoholic beverag When doing laundry, tables. Some of our overnight In an effort to make to the standard of the sta	riding etiquette ration eed to think to remembe worn at all times during overnight facilities must stered with HBA, and mate, registered RAGBR anying RAGBRAI participes out" times. We may have to be accompanied by a paying in churches. He are to make the properties of smoking on the properties of smoking of the properties of the properti	per: g the week. RAI wristband. pants during the week must be to resolve issues such a parent or guardian, and must be mises. hing from railings, or on an and the period. We may not be able the, RAGBRAI asks that ride not be responsible for darks.	st have a RAGBRAI Vehicle Pass. as the time doors are locked for the night. ust have a signed medical release form, in ny wooden items such as chairs, pews or to unload our gear until serving is complete. ders be on the route: mage to, or loss of, personal property.	
WAIVER: I (printed name) do hereby for myself, heirs, executors and administrators waive any and all claims for damages, and cause of action of every nature that I may have or which may hereafter accrue to me against the Hawkeye Bicycle Association (HBA) and sponsoring agencies during participation in HBA events, training or during travel to and from any				
HBA event. I have read and agree to conform to HBA's RAGBRAI Expectations				
Signature of Applicant:			Date://	
Name of Accompanying Adult, if applicant is less than 18 years of age:				