

Register soon to guarantee your spot! Only the first 500 riders to register will be admitted.

Rider Name: _____

Address: _____

Age: _____ (riders 16 and over only, please)

Email: _____

Emergency contact name and phone number: _____

FCC Members: \$35
Non FCC Members: \$40

Register early: Free Tech t-shirt is guaranteed only if registered by May 30th.

Circle course mileage you will ride :

100 62 42 26 13

Circle your T-Shirt size:

S M L XL 2XL
Male Female

Register online at www.active.com or mail check, waiver, and registration form to:

Timothy Gotwald
542 Guilford Ave
Chambersburg, PA 17201

Checks payable to : Franklin County Cyclists
Questions? Call 717-375-2676



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Check out www.mapmyride.com for route specific information. Search for "FCC Century Breast Cancer Ride"



100% Proceeds benefit women in Franklin County diagnosed with Breast Cancer!

Franklin County Cyclists thanks these club sponsors for their support:

- Family Cycling Center
- Anesthesia On Wheels
- D & J Truck Repair
- Quick Release Bicycles
- JLG
- Volvo
- Summit Health

8th Annual
**FRANKLIN COUNTY
CENTURY
BICYCLE RIDE**

Location!

Scotland Memorial Park
3735 Scotland Rd
Scotland, PA



June 16, 2018



**It's who we are....
...it's where we ride.**
www.franklincountycyclists.org



**100,62,42,26+13
mile routes**

Franklin County Century

Ride features 5 routes through scenic Franklin County. 100 & 62 mile rides are hilly and challenging. Full Century route includes a 5 mile climb to the top of "Big Flat" with an amazing descent!

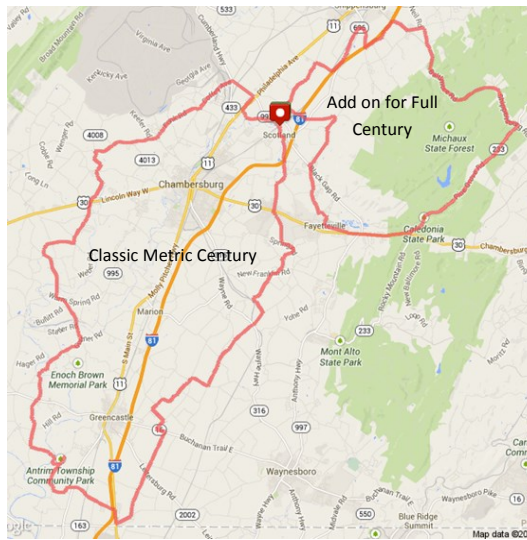
- **All routes fully SAG supported**
*ride support ends at 5:00
- **Comfort stations with snacks**
- **Lunch at finish included with registration until 4:00pm**
- **Mechanical assistance available from Family Cycling @ start**
- **Tech T-shirt if registered by 5/30**

Ride Start: Full & Metric Century riders must be on course by 8am

All others: **Must be on course by 9am**

Check In: 6:45— 9:00 am to pick up cue sheets and tech t-shirt.

Directions: Take Route 81 to exit 20 north of Chambersburg. Turn right at red light onto 997 west. In 1/4 mile turn left onto Main St Scotland. Turn left onto Scotland Rd and park is on the right **next to Post Office**. Follow signs to pavilion!



**Together We Can
Make A Difference**
CVBCA

The Cumberland Valley Breast Care Alliance is a faith based ministry whose mission is to provide current and updated education and information in the areas of breast cancer and preventative health care.



The Rhonda Brake Shreiner Women's Center offers women "one stop" care, while placing an emphasis on health habits, breast problems, menopause, osteoporosis, incontinence, other mid-life health issues, and lifestyle management.



Franklin County Cyclists

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of being permitted to participate in any way in the Franklin County Cyclists club ("the Activity"), I, for myself, my personal representatives, assigns, heirs, and next of kin do hereby acknowledge, understand and agree to the following:

1. I am qualified, in good health, and in proper physical condition to participate in the Activity.
2. The Activity will be conducted over public roads and facilities open to the public where hazards can be expected, including the danger of collision with pedestrians, motor vehicles, other riders, and fixed and moving objects; the danger of road surface hazards including metal bridges, expansion joints, drain grates and painted lines which are particularly hazardous when wet; and also including weather conditions, inadequate safety equipment. I agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
3. HELMETS ARE REQUIRED. I agree that I will wear a helmet during all Activity.
4. Bicycling activities involve Risks and Dangers of Serious Bodily Injury, Including Permanent Disability, Paralysis, and Death, with accompanying risk of economic loss. I hereby Release, Discharge Franklin County Cyclists, their respective administrators, directors, agents, volunteers, employees, other participants, sponsors, advisors and if applicable, owners and lessors of premises on which the activity takes place (Releasees) from all Liability, Claims, Demands, Losses, or Damages I may incur in connection with the Activity. I hereby Release, Discharge Releasees from liability for any such injuries or damages Caused or Alleged to be Caused in whole or in part by the Negligence of the Releasees, including Negligent Rescue Operations; and I further agree that if, despite this release and waiver of liability, Assumption of Risk, and Indemnity Agreement I, or anyone on my behalf, makes a claim against any of the releasees, I will Indemnify, Save, and Hold Harmless Each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Print Name: _____

Signature: _____

Waiver must be signed when you send in your registration form on the back of this brochure.