

AUGUST 5-7 2011 Vail, Colorado

Registration deadline is August 1

Register:

1. Go to www.vailrec.com
2. Fill out this form and fax to 970-479-2281 or mail to:

VRD Sports | 700 South Frontage Road East
Vail, CO 81657

ASSISTANCE: Call 970-479-2280
or email sports@vailrec.com

Join professional CycloCross racer, Jake Wells, for a three-day clinic that will introduce riders to the sport of CycloCross and help refine techniques. This clinic is designed for beginner and intermediate riders.



LODGING SPECIALS Available



REGISTERING FOR:

OPTION A

\$400 - Learn through Seminars, Clinics, Tech Sessions and Riding the Course with Jake. View a Detailed Itinerary at www.vailrec.com

OPTION B

\$500 - Includes Option A + Professional Bike Fit at Dogma Athletica in Edwards on Friday.

OPTION C

\$625 - Includes Option A + Physiological Testing and Bike Fit at Dogma Athletica in Edwards on Friday and 3 months of coaching.

CLINIC BONUSSES:

Ridley Bikes will be onsite for bike demos. Mountain Pedaler Bike Shop will be available with complimentary mechanical fixes during the clinic. Sign up for a discounted massage during the clinic with Wells Massage.

Any physical conditions or allergies the coach should know about?

Name _____

Phone Home _____ Cell/Work Phone _____

Email _____ Sex M F

Emergency Contact _____

Home Phone _____ Cell/Work Phone _____

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity. I or my child are in good health and physically able to participate in said activity. I agree to waive and release the Town of Vail/or the Vail Recreation District and their officers, employees, agents, servants and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property in connection with said activities, including injuries sustained or property damage caused by the use of equipment I may rent from the Town of Vail and/or the Vail Recreation District. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize activities.

Signature _____

Print Name _____ Date _____

PAYMENT: Amount Received: \$ _____ Cash Check # _____

Please make checks payable to:

Vail Recreation District | 700 South Frontage Road Vail, CO. 81657

Charge # _____ Exp. _____

Cardholder _____

