

Fifteenth Annual *Tour de Montes*

July 1, 2 and 3, 2011



The Baltimore Bicycling Club's most challenging event, the *Tour de Montes* is for those who enjoy beautiful scenery while cycling in the mountains of Maryland and Pennsylvania. Need a reason to get out of the house and start riding this spring? Need a push to ride a little harder or lose a couple of extra pounds? Well, signing up for the *Tour de Montes* is a great incentive. Training for this 3 day, 308-mile tour will help you reach your own personal goals. Each day has shorter route options, 240 miles, for those who want to see less countryside.

- **July 1 - *Tour de Montes*** starts in Howard County, Maryland at Mount View Middle School. Riders can cycle 75 or 100 miles to Greencastle, PA and will stay 2 nights at the Greencastle Comfort Inn.
July 2 - Cycle 90, 100, or 108 miles (4, 5 or 6 climbs) through the beautiful Buchanan State Forest.
July 3 - Cycle 75 or 100 miles back to Howard County, Maryland.
- ***Tour de Montes*** is limited to the first 60 participants who send in their paper work and check by **June 1, 2011**. A waiting list of additional applicants will be used to replace anyone who cancels.
- For more information contact Gil Olvera at 410-635-6692 or tourdemontes@comcast.net. For more event information and lots of photos from past events go to www.baltobikeclubphotos.com.
- Cost is **\$220** per person for BBC Members and **\$240** for non-BBC Members. This is based on two people per room and includes transportation of luggage to and from the motel, SAG support, continental breakfast, some snacks and group dinners on Friday and Saturday nights. Lunches are NOT included. A limited number of single room options are available for an additional **\$90**.
- **Cancellation Policy:** Refund requests must be made by email to tourdemontes@comcast.net. The following fees apply: \$40 refund fee prior to June 20th; **NO** refunds after June 20th; \$30 charge for checks returned by a bank for any reason. Refund checks will be mailed by the BBC Treasurer after the event.

----- Detach and mail with your check and your release/waiver form -----



All applicants must sign a release and waiver form and mail it, this application form, and a check payable to Baltimore Bicycling Club, Inc to: Gil Olvera
 2334 Old New Windsor Pike
 New Windsor, MD 21776

\$220 BBC Members
\$240 Non Members
Additional \$90 for a Single Room

Applicant's Printed Name	Applicant's Email Address	Phone No.
Street Address	City	State
Room Mate's Name, Need Room Mate, or Single Room	Applicant's Emergency Contact	Phone No.
Friday Night Dinner: Circle your Choice >> www.caseyatbat.com	Salmon	Chicken Marinara
	Chicken	Fettuccine Alfredo
Saturday Night dinner is a buffet at the John Allison Public House www.johnallisonpublichouse.com		

BICYCLE HELMETS MUST BE WORN AT ALL BBC RIDES & EVENTS

BALTIMORE BICYCLING CLUB, INC. ("BBC")

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in the BBC sponsored Bicycling Activity ("Activity") listed below, I for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such "Activity". I further acknowledge that the "Activity" will be conducted over public roads and facilities open to the public during the "Activity" and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the "Activity".

2. FULLY UNDERSTAND that: (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these "Risks" and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the "Activity", the condition in which the "Activity" takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH "RISKS" AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the "Activity".

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the BBC, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the "Activity" takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, 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 "Releases", I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE "RELEASEES" from any litigation expenses, attorney fees, loss, liability, damage, or cost which any 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 AND INTEND IT 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, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Name Of Activity: *Tour de Montes*

Participant's Signature (only if age 18 or over) Participant's Printed Name Date

Street Address City State Zip Phone

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING "ACTIVITIES" AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED TO PARTICIPATE IN SUCH "ACTIVITY". I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE "RELEASEES" FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE "RELEASEES" NAMED ABOVE, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Parent/Guardian Signature (if participant under age 18) Parent/Guardian Printed Name Date

Street Address City State Zip Phone