



# LTF 2009 Century Ride Fall 2009

Thank you for registering for the 2009 Life Time Fitness Century Ride. Please complete the information listed below and hand this form to your group fitness department head or endurance coach. Once the form has been received, someone from LTF will be in contact with you. If you have any questions whatsoever, please contact us at info@lifetimeendurance.com and someone will respond to your needs asap!

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_ **Event Date:** \_\_\_\_\_

**Payment Information:** The fee for the 2009 Life Time Fitness Century Ride is \$20.00 per person and is payable in one lump sum.

Payment Type:  Credit Card  Cash - Initial: \_\_\_\_\_  Club Tab - Initial: \_\_\_\_\_

Credit Card Type:  Visa  Master Card  American Express  Discover

Name on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I HEREBY AUTHORIZE LIFE TIME FITNESS TO CHARGE MY CREDIT CARD IN THE AMOUNT OF \$\_\_\_\_\_.00.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

I ACKNOWLEDGE THAT RIDING IS AN EXTREME TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND CARRIES WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY AND PROPERTY LOSS. I HEREBY ASSUME THE RISK OF PARTICIPATING IN THIS RIDING PROGRAM. I CERTIFY THAT I AM PHYSICALLY FIT, I HAVE SUFFICIENTLY TRAINED FOR PARTICIPATION IN THIS PROGRAM AND I HAVE NOT BEEN ADVISED AGAINST PARTICIPATION BY A QUALIFIED HEALTH PROFESSIONAL. I ACKNOWLEDGE THAT MY STATEMENTS ON THIS AWRL ARE TRUE.

I ACKNOWLEDGE AND ACCEPT THE RISK ASSOCIATED WITH RIDING ON ROADS THAT ARE OPEN TO VEHICULAR TRAFFIC. I UNDERSTAND THAT DEATH OR INJURY MAY OCCUR WHILE RIDING ON THESE ROADS AND RELEASE LIFE TIME FITNESS AND ALL ENTITIES AND INDIVIDUALS ASSOCIATED WITH THIS ORGANIZATION OF ANY AND ALL LIABILITY. I WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL CLAIMS, LOSSES OR LIABILITIES OF DEATH, PERSONAL INJURY, PARTIAL OR PERMANENT DISABILITY. ALSO OF PROPERTY DAMAGE, MEDICAL OR HOSPITAL BILLS, THEFT OR DAMAGE OF ANY KIND, INCLUDING ECONOMIC LOSS, WHICH MAY IN THE FUTURE ARISE OUT OF MY PARTICIPATION IN THIS RIDING PROGRAM OR ARE OTHERWISE RELATED TO MY PARTICIPATION IN THIS RIDING PROGRAM.

I AGREE NOT TO SUE ANY OF THE PERSONS OR ENTITIES ASSOCIATED WITH THE PROGRAM I AM ATTENDING. I ATTEST THAT I AM WILLINGLY AND VOLUNTARILY PARTICIPATING IN THIS PROGRAM.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER. I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE