

Santa Cruz County Cycling Club
P.O. Box 8342
Santa Cruz, CA 95061-8342

Saturday, August 2, 2003

Visit our web site for more information
<http://www.santacruzcycling.org>

T-shirt design,
red and white on a

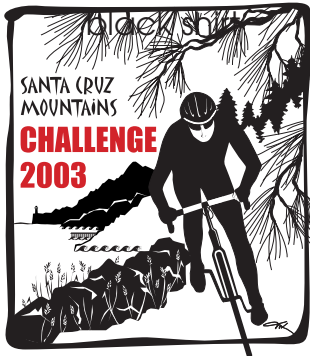


Illustration by Micah Keeley

The 5th Annual Santa Cruz Mountains Challenge

The Santa Cruz County Cycling Club invites you to one of the most scenic centuries on the California coast. For those who love to push themselves to the edge of exhaustion, there's a 100 mile loop that will challenge the most advanced riders. Our metric and half metric plus routes will astound you with beautiful climbs and stunning scenery.

The Century Challenge

The Climbs On this 100-mile loop you will first ascend Eureka Canyon to breathtaking views of the bay. You will then ride on to some of the most challenging climbs in Santa Cruz County for 10,000+ feet in elevation gain.

A very fit rider will be glad to have a low gear of 39 front and 28 rear. Given the difficulty of this ride the maps will indicate bail-out routes back to the start.

The Descents This is no course for riders who fear downhill. The roads are sometimes in the shade, sometimes rough, and the switchbacks blind.

Your brakes and tires had better be good!

The Metric Century Challenge

The 100K loop will climb 5000+ feet and descend many of the same roads as the century. The same skills will be required of you: solid climbing ability and keen concentration on the technical descents.

The Half Metric + Challenge

Join the mountain goats for the first and loveliest climb through redwood forests of Eureka Canyon to a spectacular vista overlooking the Monterey Bay. Turn around to enjoy the fast descent back to Aptos High. 40 miles.

SIGN RELEASE ON OTHER SIDE AND RETURN THIS ENTIRE PAGE. MINORS MUST ALSO CARRY THE MEDICAL FORM

Entry Form

- All riders must sign the release form before starting the Santa Cruz Mountains Challenge (SCMC).
- All riders under 18 years of age must have both the release form and medical consent form signed by a parent or guardian, and carry the medical consent form with them during the ride.
- Helmets are required on the SCMC. Persons not wearing helmets will be considered to be riding on their own and will not be entitled to support and benefits provided to century participants. California law requires all persons under 18 to wear helmets when bicycling.
- All roads on the SCMC are open to regular traffic. Bicyclist must obey the same vehicular codes as motorists. Stop completely at all stop signs and red lights. We expect all riders to be courteous to other riders and motorists. This is **not** a race, it is a tour.
- Make sure your bicycle is in good mechanical order before departing your home.
- Riders should carry a spare tube, patch kit, pump, and tools. Our SAG support cannot always reach you quickly. Also carry telephone money or card, and medical and emergency information.
- The tour takes place rain or shine. NO REFUNDS will be made.
- For Motel/Hotel information call the Santa Cruz Visitor Council at (831) 425-1234



Marianné's
ICE CREAM



Sofia's
Taqueria

**Trey's True
Wheel**

Crystal Springs
SPRING WATER

PLEASE: ONLY ONE PERSON PER FORM...PHOTOCOPY (BOTH SIDES) AS NEEDED.

Name: _____

Address: _____

City, State, Zip: _____

Your Phone: _____

EMERGENCY PHONE: _____ (required)

CHECK HERE IF UNDER AGE 18. PARENT OR GUARDIAN MUST SIGN RELEASE ON BACK AND MEDICAL CONSENT FORM ON OPPOSITE PAGE.

Route Choice: _____ Half Metric _____ Metric Century _____ Full Century

All routes before July 19 ... \$30 after July 19 ... \$40 \$ _____

_____ Number of T-shirts at \$18 each. Circle Size(s): M L XL XXL \$ _____

Total enclosed: \$ _____

Club Affiliation: _____ How did you hear about the SCMC? _____

Please make check or money order payable to: **SCCCC - Mountains Challenge**

Mail to: **SCCCC, P.O. Box 8342, Santa Cruz, CA 95061-8342**

Did you see our web site? _____ Phone (831) 728-5951 *Thank you!*

LEAGUE OF AMERICAN BICYCLISTS ("L.A.B.")
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 Santa Cruz County Cycling Club ("Club") sponsored Bicycling Activities ("Activity") 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 Club, the L.A.B., 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 INWHOLE OR INPART 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 Releasees, 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 L.A.B. AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____

PARTICIPANT'S SIGNATURE (only if age 18 or over): _____ **I HAVE READ THIS RELEASE**

DATE: _____

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 RELEASEE'S 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.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____ **I HAVE READ THIS RELEASE**

DATE: _____

IMPORTANT: ALSO SIGN AND RETURN MEDICAL CONSENT FORM

Directions and Start Times

From San Jose take Hwy. 17 south to Hwy. 1 south: Take the Freedom Blvd. exit. Turn left over the freeway. Turn right at sign for Aptos High School.

From Monterey take Highway 1 north: Take the Freedom Blvd. exit. Turn right. Turn right at sign for Aptos High School.

Ride is limited to 500 riders. Register early!

Metric Century and Full Century Start time: 6:30 am to 8:30 am

Half Metric + Challenge Start time: 8:00 am to 9:30 am

All routes close at 5:00 pm

The Santa Cruz Climate

Typically, along the coast, mornings and late afternoons are foggy and cool. Daytime highs rarely reach 90°. If it is foggy and windy, temperatures can feel like the fifties to a sweaty cyclist coming down from the mountains after a day of hard riding.

Sustenance

Recharge at rest stops with a variety of fluids, fruit and homemade items. Plenty of real food will be on hand so your afterburners don't get snuffed. Eat well before starting the 100 or 65 mile routes. After your ride enjoy a massive burrito feed and bowls of Marianne's ice cream.

Enjoy 2 other local rides:
Strawberry Fields Forever May 18, 2003
www.strawberryfields.org
Surf City Century September 20, 2003
www.surfcity.com



CARRY ON PERSON OF MINOR DURING RIDE

Medical Authorization and Consent for Minor Rider

Pursuant to California Civil Code, Section 25.8

The Undersigned Does Hereby Authorize

LEAVE BLANK

or such substitute as they may designate, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor, which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the Provision of Medicine Practice Act, or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere. This authorization will remain effective while the above minor is en route to or from, involved or participating in the Santa Cruz Mountains Challenge or other Santa Cruz County Cycling Club events, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Name of Minor: _____

Birth Date: _____

Signature of Parent or Guardian: _____

Name of Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (area code) _____ Date: _____

MINORS RETURN THIS FORM WITH APPLICATION