



Blue Cross of Idaho

Foundation
for Health, Inc.



BLUECRUISE
OF IDAHO

Blue Cruise of Idaho Registration

Complete this form

Please complete this form and return it along with a check or money order payable to:
Blue Cruise of Idaho.

- Tandems need to register as two riders.
- Refunds will not be given to registered riders.

Mail your entry form to:

Blue Cruise of Idaho

Blue Cross of Idaho Foundation for Health
P.O. Box 8419
Boise, Idaho 83707-2419

Entry Form

One rider per form please. Riders under 16 years of age must have a parent or guardian accompany them on the ride. Duplication of this form is acceptable.

Be in Shape

All participants are reminded that they should not attempt Blue Cruise of Idaho unless they are capable of riding the full mileage they have chosen. To enjoy the event, the ride should not be your first long bicycle ride of the season.

Blue Cruise volunteers will pick up all riders who have not finished their course by 2:30 p.m.

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ Zip _____

EMAIL ADDRESS _____ Age _____

GENDER ____ PHONE # _____ CIRCLE ROUTE 15 30 50 100

TEAM/CLUB _____

Emergency Contact Name & Phone

NAME _____

PHONE # _____

RELATIONSHIP _____

Fees	
Rider 16 years old and above	\$40
Rider under 16 years old	\$30
Early sign-up credit (forms must be in one week prior to ride)	-\$5
Your registration fee includes one T-Shirt and one after-ride picnic	
Circle one T-Shirt size:	
S	M L XL XXL
Blue Cruise of Idaho Jersey	
Circle one size: Male	
M L XL XXL	\$60 each
Circle one size: Female	
XS S M L	
____ Extra picnic tickets at \$7 each	\$
TOTAL	\$

Representation and Acknowledgement

I hereby represent that I am in good physical condition for the Blue Cruise of Idaho ride. I understand that the route is challenging and not chosen for its safety. I understand that this is a noncompetitive event and not a race. I further represent that I have the ability and the equipment to handle the route and the weather contemplated within allotted time frame. I agree to wear an ANSI approved helmet designed for bicycle riding and understand that a rearview mirror is recommended.

Release from Liability

In consideration of the acceptance of this registration, and by signing this release, I (parent or guardian if registrant is under 18 years of age) do hereby release and discharge Blue Cross of Idaho Health Service, Inc.; Blue Cross of Idaho Foundation For Health, Inc.; Blue Cruise of Idaho; the State of Idaho; Idaho Transportation Department and its agencies; their officials and employees from and against all liability to the participant, his or her spouse (if any), legal representatives, heirs or next of kin for any and all loss or damage, and/or claim, suit or demand on account of injury to participant's person or property or resulting in participant's death, arising out of, or as the result of participation in the Blue Cruise of Idaho bike ride. I grant the Blue Cross of Idaho Foundation for Health permission to use without charge any and all photographs, video reproduction or other like kinds of images. I certify that I have carefully read the above provisions and know and understand their contents and sign this release of my own free act.

Application not valid without signature

Date _____ Signature of Participant _____

Date _____ Signature of Parent or Guardian if Participant is Under 18 Years of Age _____

Office Use Only

Number Assigned: _____