



License / Entry Form

Racer Number
Office Use Only

Use this form to enter any EFTA event. Simply fill it out, sign the liability waiver and send your entry and check to the event organizer.

I do hereby make application for membership/event entry to the Eastern Fat Tire Association. I also agree to comply with all EFTA rules and regulations for all activities and understand that I am fully responsible for any action. I understand that my one-day membership will be valid for the events held on the event date only and that with this license I am eligible to register and compete in all categories and classes.

Name of Event		I wish to Participate in:		<input type="checkbox"/> Cross Country	<input type="checkbox"/> Fun Ride
Event date / /				<input type="checkbox"/> Downhill	<input type="checkbox"/> Trials
Last Name			First Name		
Address				Home Phone () -	
City		State	Zip	Email	
Check One:	<input type="checkbox"/> I am an EFTA member. My membership number is _____, expiring in ____/____				
	<input type="checkbox"/> I am not an EFTA member. This is my one-day application and \$4 fee.				
	<input type="checkbox"/> I wish to join EFTA for the year or renew my license. Annual membership fee of \$24 individual/\$45 family. (Faster processing of membership application generally occurs by applying for membership directly with EFTA, rather than with race event registration.)				
Birth Date / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		FEES DUE PROMOTER: Entry fee _____; One-day license _____; Additional Charitable Donation _____; Annual Membership _____; Other _____ TOTAL _____	

I am entering in one of the following: (Not all classes are available at all events. See specific event information for available classes.)	<input type="checkbox"/> Regular race category/class (fill out further info at right)		CATEGORY (Not required if entered in other than "regular race category/class")	AGE CLASS - MALE Based upon age at Dec. 31 at end of current season	AGE CLASS - FEMALE
	<input type="checkbox"/> Open Elite - Male	<input type="checkbox"/> Clydesdale - Open			
	<input type="checkbox"/> Open Elite - Female	<input type="checkbox"/> Open Racer/Cruiser	<input type="checkbox"/> Novice	<input type="checkbox"/> Junior 12-18	<input type="checkbox"/> Junior 12-18
<input type="checkbox"/> Singlespeed - Male	<input type="checkbox"/> First Timers	<input type="checkbox"/> Sport	<input type="checkbox"/> Senior 19-29	<input type="checkbox"/> Senior 19-39	
<input type="checkbox"/> Singlespeed - Female	<input type="checkbox"/> Other _____	<input type="checkbox"/> Expert	<input type="checkbox"/> Veteran I 30-39	<input type="checkbox"/> Veteran 40+	
<input type="checkbox"/> Tandem with _____			<input type="checkbox"/> Veteran II 40-49		
			<input type="checkbox"/> Master 50+		
Emergency Contact name	Emergency phone number		<input type="checkbox"/> As a Novice junior under the race age of 15, I also qualify for "Junior-Junior" recognition		



Agreement and Release of Liability

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I am an amateur / professional in good standing and wish to be licensed under the Racing Rules of the Eastern Fat Tire Association (EFTA). I certify that the information on this application, as entered by me, is true and correct.

I acknowledge that cycling is an inherently dangerous sport in which I participate at my own risk and that EFTA is a corporation formed to promote the sport of mountain biking, the efforts of with directly benefit me. In consideration of the agreement of EFTA to issue a license to me, hereby on behalf of myself, my heirs, assign and personal representatives, I release and forever discharge EFTA, its employees, agents, members, sponsors, promoters, and affiliates from any and all liability, claim, cost or expense, and waive any such claims against any such person or organization, arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with sponsorship, organization or execution of any bicycle racing or sporting event including travel to or from such event, in which I participate as a rider, team member or spectator, I currently have no known physical or mental conditions that would impair my capability for full participation as intended and expected of me except for: _____

Signature of Applicant Date _____

PARENT OR GUARDIAN OF MINOR (under the age of 18): I, as parent or guardian of the Applicant represent to EFTA that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to enter any bicycle race or event sanctioned by EFTA during the period of the license applied for, and further in consideration of granting of such license, agree individually and on behalf of my child or ward, to the terms of the above agreement and release of liability.

Signature of Parent or Guardian Date _____