

**CYCLE FOR INDEPENDENCE**

**May 17, 2025**

OFFICIAL ENTRY FORM

Treasure Valley Chapter

National Federation of the Blind

**Each rider must fill out a separate entry form.**

**Helmets Required**

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_

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| **Route Entry Fees** | **If in Team** |  |  | **Check-In Start** |
| Metric Century $50.00 | $40.00 |  |  | 6:30-7:15 am 7:30 am |
| 25-Mile $50.00 | $40.00 |  |  | 7:45-8:15 am 8:30 am |
| 10-Mile $50.00 | $40.00 |  |  | 8:45-9:15 am 9:30 am |
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***Family maximum fee is $150.00***

***Contact Joe Grover for family discount code. 208-869-8512 joecindygrover@gmail.com***

**TEAMS MUST PRE-REGISTER** A team consists of at least 5 riders. Members don’t have to ride the same route. Make it a party!

To pre-register, this form must be received on or before **May 13, 2025**.

Team/Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Contact/Captain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail this form with check or money order payable to: **Amount Enclosed: $\_\_\_\_\_\_\_\_**

Cycle for Independence c/o Allan Schneider

3820 N Willowbar Ln

Garden City, ID 83714

# PLEASE ALSO FILL OUT WAIVER ON THE NEXT PAGE

**Waiver**: I hereby represent that I am in good physical condition for this ride. I understand that this is a noncompetitive ride and not a race. A helmet is required to participate, and I agree to wear a helmet designed for bicycle riding. By signing this form, I waive any claims of action I may have against the Treasure Valley Chapter, National Federation of the Blind of Idaho, the state of Idaho, the City of Boise, and Ada/Canyon counties from all liability arising out of injury to persons or property, and any loss, damages or expenses arising out of my participation in the

Cycle for Independence. I also agree to wear identification provided by Cycle for Independence during the ride.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ If rider is under 18 years of age parent or guardian must also sign.

**Thank you for supporting The Blind of Idaho!**