



## Registration

Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Sex: (Circle one) M F Age on race day \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Category (circle one): Tandem Sport (age divisions) Pro/Open Singlespeed 50K Fat Tire Ride

How many times have you participated in this event \_\_\_\_\_

Emergency contact and phone number: \_\_\_\_\_

**Please enclose a check or money order made payable to Gemini Events with your form.**

### 100K Race

Early (until January 1<sup>st</sup>): \$95  
Standard (until March 15): \$105  
Late: \$115  
Race Weekend: \$125

### 50K Fat Tire Ride

Early (until January 1<sup>st</sup>): \$50  
Standard (until March 15): \$60  
Late: \$70  
Event Weekend: \$80

**Total** \_\_\_\_\_

A physical examination is not required to ride the Desert RATS Classic but all competitors compete at their own risk. I understand that it is recommended that if I am in doubt as to my physical condition to engage in an event as strenuous as a mountain bike race, I will seek the advice of a competent physician and abide by his/her advice. I assume all risks associated with mountain biking in this event including but not limited to: falls, contact with other participants or animals, the effects of the weather including high heat and/or humidity, and the condition of the trail, as such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of Gemini Events accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release Gemini Events and its organizers, the local city, the governmental bodies, all sponsors, their representatives and successors from claims or liabilities of any kind arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Further, I hereby grant full permission to any and all of the foregoing to use photographs, videotapes, motion pictures, and recordings of me, or any other record of this event, for any legitimate purpose. All persons under 18 must have a written consent of a parent or legal guardian.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out registration form and send with payment to:  
Gemini Adventures, 3506 Feather Reed Ave., Longmont, CO 80503

[www.geminiadventures.com](http://www.geminiadventures.com)