



# FREE Kids Ride with Olympian Kristin Armstrong!

Saturday, July 19, 2008 at 3:00pm in Downtown Boise

Parents: register your 5-10 year old child online by noon on July 16th to guarantee award of an official "I rode with Kristin" ribbon!

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

Note: Day-of-event & fax or mailed-in registration does not guarantee ribbon award.

Parents: check in your kids between 2:00—3:00pm at the booth located on the North side of Main Street in the parking lot between the Idanha & Sonna Buildings. The Ride will start at 3:00pm on Main Street at the corner of 10<sup>th</sup> and will end at the finish line on 9th Street after riding one lap on the course with Kristin Armstrong.

**Helmet is required for each participant.**

Visit the Idaho Statesman booth in the kid's ride registration area before & after the event to have your poster or ribbon autographed by Kristin Armstrong!

Event Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature/Waiver:** Must be signed to compete, no exception. In consideration of my child's entry being accepted into the competition known as the St. Luke's Children's Hospital / Emergency Medicine of Idaho Kid's Ride at the Wells Fargo Twilight Criterium I intend to be legally bound and do hereby, for myself, my heirs, executors and administrators waive and release all rights and claims for damages which my child/and or myself may have or which my hereinafter accrue to me against the Wells Fargo Twilight Criterium, St. Luke's Children's Hospital and Affiliates, Emergency Medicine of Idaho, Boise Development Cycling, Wells Fargo Bank, City of Boise, Capital City Development Corporation, Downtown Boise Association, and/or other Wells Fargo Twilight Criterium sponsors and their representative successors for any and all injuries suffered in said competition(s) which I am voluntarily entering at my own risk. I hereby grant full permission to video tapes, photographs, motion pictures, recordings and any other record of this event for any purpose whatsoever. Additionally, I consent to all emergency medical treatment as deemed appropriate under existing circumstances by personnel associated with the Wells Fargo Twilight Criterium. I, the under signed, do also declare that my child is an amateur athlete. I have full knowledge the sport(s) in which entered carries significant risk of personal injury, in some cases very severe injury, even death. I also agree that I am responsible for my own safety. If participant is under 18 yrs of age, parent or guardian must sign and abide by same waiver as listed above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

If unable to register online please download the form at [boisetwilightcriterium.com](http://boisetwilightcriterium.com) or call for more information: 208-385-7300 / [info@downtownboise.org](mailto:info@downtownboise.org)  
Event Info: [www.boisetwilightcriterium.com](http://www.boisetwilightcriterium.com)