

Sunday, April 11th
Sign-In 5:30-8am PDT



Sunday, April 11th
Start 6-8:30 PDT

Rose City Motorcycle Club (RCMC) believes that motorcycling is a family sport and welcomes children and young adults at RCMC events. For this reason, a NOTARY PUBLIC WILL BE PRESENT AT SIGN-IN.

A 250-mile motorcycle poker run, with a twist, to benefit the Providence Brain Institute.

Entrants will receive the Rose City Oregon 250 tour pin and/or year bar, and official route card. The check points, which will be unmanned, are on the official route card. All participants are urged to strictly observe all State and Local traffic laws. Unclaimed awards will not be forwarded.

EVENT INFORMATION
Den (503) 257-9990 • Dale (503) 775-1864
John (503) 351-1650 • Char (503) 706-3969
E-Mail: info@rose-city-mc.org
Web Page: <http://www.rose-city-mc.org>

SUGGESTIONS FOR ENJOYING THE TOUR

1. Don't ride alone. Ride in groups of 2-4 motorcycles. Too large of a group will slow you down at gas stops, rest stops, and checkpoints.
2. STAY DRY WITH RAIN GEAR. This is Oregon in April. Dress warm. You can always take it off, but you can't put it on if you don't have it with you.

Participation Classes are: **3 places** for AMA and/or non-AMA rider; **3 places** for AMA and/or non-AMA passenger; and Low Ball.

THIS IS NOT A RACE

Entry Fee

\$13⁰⁰ pre-entry per person
(postmarked by April 5, 2010)

\$18⁰⁰ post-entry per person



MAIL ENTRY WITH CHECK OR MONEY ORDER TO:
ROSE CITY OREGON 250, P.O. Box 91339, Portland, OR 97291-1339

(DETACH HERE)

\$13⁰⁰ pre-entry per person (postmarked by April 5, 2010)

PLEASE PRINT

Rider Name: _____ Phone: (____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth date: ____/____/____ AMA #: _____ E-mail: _____

Motorcycle Make: _____ Year: _____ CC's: _____

Club/Association Affiliation (If Any): _____ Sidecar/Trike (Circle)

Passenger Name: _____ Phone: (____) _____

Birth date: ____/____/____ AMA #: _____ Club/Association Affiliation (if any): _____

Please Read Carefully Before Signing

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the acceptance of my entry in this event, I do for myself, my heirs, executors, administrators, and assigns, hereby give up, RELEASE, and forever DISCHARGE in advance my rights to sue or make any claim for damages due to negligence or carelessness against the American Motorcyclist Association; Rose City Motorcycle Club and its Officers, Directors, members, and agents; other promoters, sponsors, and their employees; and all other organizations and their employees conducting or connected with this Rose City Motorcycle Club event for injury to person or property that I may suffer, including crippling injury or death, while participating in the event and while upon event premises.

I AM AWARE THAT MOTORCYCLING CARRIES A SIGNIFICANT RISK OF SERIOUS PERSONAL INJURY, DEATH, AND PROPERTY DAMAGE. I know the risks of danger to myself, my minor child (if present), and my property while participating in the event and while upon the event premises and, relying upon my own judgement and ability. I ASSUME ALL SUCH RISKS OF LOSS and hereby agree to reimburse all costs to, and to forever HOLD HARMLESS and INDEMNIFY, all persons and entities identified above, generally and specifically, from any and all liability for death and/or personal injury or property damage resulting in any way from my participation in this event.

Rider Signature: _____ Date: _____

Passenger Signature: _____ Date: _____

If Minor Child Will Be Participating, Please Read Carefully Before Signing

PARENTAL/LEGAL GUARDIAN MINOR RELEASE

No entrant under the age of majority (18 years) may participate in the Rose City Motorcycle Club Oregon 250 without the written, NOTARIZED signature consent of parent and/or legal guardian. Rose City Motorcycle Club shall retain written consent of parent and/or legal guardian.

Under penalty of perjury, I swear, depose, and state that I am the parent and/or legal guardian of the above named minor. THIS IS A RELEASE.

Parent/Legal Guardian Signature: _____

Subscribed and sworn to by the affiant above, named this _____ day of _____, 2010.

Notary Signature: _____ Date: _____

Notary Public for the State of _____, County of _____

My Commission Expires: _____

MAIL YOUR ENTRY WITH CHECK OR MONEY ORDER BEFORE 04/05/10 TO: ROSE CITY OREGON 250, P.O. Box 91339, Portland, OR 97291-1339