

Inverness Bike City Century Ride on the Withlacoochee Trail

Sunday—May 3, 2026

Adults \$40 by 4/5/26 - \$45 by 4/29/26 - \$50 4/30/26 thru Day of Ride

Youth (ages 12 and under): \$10 by 4/29/26 - \$20 4/30/26 thru Day of Ride



NAME: _____

AGE: _____ DOB: ____/____/____ SEX: Male / Female

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

TEAM: _____ PHONE: _____

EMERGENCY CONTACT NAME: _____ *Required*

EMERGENCY PHONE NUMBER: _____ *Required*

T-SHIRT SIZE: () S () M () L () XL () XXL (add \$2)

I PLAN TO RIDE: () 14 MILES () 28 MILES () 48 MILES () 100k () 100 MILES

CELL PHONE # YOU WILL BE CARRYING WITH YOU: _____

Custom award for riders that complete the 100 Mile / 100K Century Ride and Finisher Medals



How Did You Hear About The Inverness Bike City Century Ride?

(Please Check All That Apply)

- | | |
|-----------------------------|---------------------------|
| Returning Participant () | Website () _____ |
| Newspaper Advertisement () | e-Mail () _____ |
| Newspaper Article () | Internet Search () _____ |
| Friend () | Sport Store () _____ |
| Bike Club () | Bike Shop () _____ |
| Mailing / Brochure () | Other _____ |

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 All participants must sign the 2026 event release !

Inverness Bike City Century Ride RELEASE WAIVER:

I know that cycling is a potentially hazardous activity. I should not enter and ride unless I am medically able and properly trained. I agree to abide by any decision of a ride official relative to my ability to safely complete the ride. I assume all risks associated with riding in this event including but not limited to: falls, contact with other participants, the effects of weather, including high heat and humidity, traffic and the conditions of the road, mortal or serious injury, all such risks being known and appreciated by me. I understand that safety equipment, including but not limited to helmets are required and radio headsets are not allowed in the ride and I will abide by these guidelines. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release the Citrus Road Runners, RCDI, City of Inverness, Chris Moling, DRC Sports, Florida Dept. of Environmental Protection and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the person named in this waiver. I also agree that I may be examined and treated if necessary during the course of the ride by qualified personnel in the event medical problems of any cause arise. The ride officials or qualified personnel have the right to remove me from the event if, in their opinion, I may be suffering from a life threatening condition.

SIGNATURE _____

DATE: _____

To Register: Please make check payable to, mail entry fee and completed form to: Rotary Club of Downtown Inverness Charitable Foundation Inc, PO Box 70, Inverness, FL 34451 or on-line at www.BikeCityCenturyRide.com