**Chuska Challenge Rider Registration**

Sponsored by Y.E.S. for Dine’ BikeyahP.O. Box 1487 Teec Nos Pos, AZ 86514

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State & Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vegetarian? \_\_\_\_ Any medical conditions that we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Rider waiver and release:** I understand that mountain biking can be a dangerous activity and I knowingly accept these risks through my participation in the 2016 Chuska Challenge. I hereby waive and release any and all rights and claims for damage against sponsoring organizations, including Youth Empowerment Services for Dine’ Bikeyah, Inc., or representatives for any and all injuries sustained by my participation in any activity, including transportation to and from site of such activity, related directly or indirectly to my participation of said activity. I am aware that all riders must wear a certified helmet at all times during the ride. I authorize the trip organizers to obtain emergency medical treatment if it should become necessary. I hereby give my permission for the use and reproduction of video footage, photographs or audio recordings. *[Parents/Guardians: Please sign to give permission for your child to participate in this event.]*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rider’s Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian’s Signature Date[For riders under 18 years of age]

**2016 Chuska Challenge Registration Fees**

\_\_\_\_ Adult Registration Fee – $30

*[Registration includes t-shirt, Saturday light breakfast, lunch, course support, break station*

*refreshments, finish-line meal and Sunday breakfast]*

\_\_\_\_ Youth Registration – $10

*Specify t-shirt size: S – M – L – XL – XXL*

\_\_\_\_ TOTAL

Info: 928.429.0345 or chuskaman@yahoo.comMail registrations to: NavajoYES P.O. Box 1487 Teec Nos Pos, AZ 86514

**www.navajoyes.org**