BIKE INSPECTION CERTIFICATE
EACH PARTICIPANT MUST COMPLETE AND PRESENT THIS FORM DURING THE REGISTRATION PROCESS FOR ANY BIKE USED DURING THE EVENT

EQUIPMENT TO BE INSPECTED PRIOR TO REGISTRATION at: BIKEWORKS @ 75-5660 Kopiko St, Kailua-Kona, HI 96740, Tel: 326-2453

PARTICIPANT INFORMATION: (Please print legibly)

Last Name:_____ First Name/Initial: _____

Kona Address: _____ Phone: _____

It is understood that the equipment described/inspected is the same equipment that will be used in the Event

Will you carry a SPARE BIKE with you during the event? YES: _____ NO: _____

Is this your PRIMARY Bike_____ or SPARE Bike_____? **Any bike(s) used during the event MUST be inspected!

Bike Manufacturer Name: _____Model/Type:_____Serial #_____
(A check mark in the left-hand box indicates the item met minimum standards at the time it was inspected)

- ☐ **Bottom Bracket** (check for tightness)
- ☐ **Bottle Cages** (Minimum of 2 required) Location (**circle all that apply**): Down tube Seat Seat Tube Other _____
- ☐ **Brakes** (check that one is working for each wheel)
- ☐ **Handlebars** (check for tightness and required bar end plugs)
- ☐ **Headset** (check for tightness)
- ☐ **Helmet** (must meet or exceed ANSI/SNELL standards and be labeled as such): Manufactured by:_____ Model #:_____
- ☐ **Pedals** (check for tightness)
- ☐ **Tires/Tubes** (must be properly seated and glued) Type (**Circle one**): Sew-ups Clinchers (min. of 2 spares req'd for all no-feed zones)
- ☐ **Wheels** (must seat/lock properly and be true) **Spokes** (check tension and repair broken or bent)
- ☐ **Lights** (MANDATORY FRONT & REAR)_____

By my signature below, I certify that the above-described equipment was personally inspected by me on the date indicated, and that it has met certain minimum standards which a prudent person would regard as being necessary for its continued use and operation. Any required repairs or modifications needed for issuance of this certificate have been completed and all charges paid. No warranties are implied or assumed.

Mechanic Printed Name: _____ Signature:_____ Date:_____ Shop Name:_____

By my signature below, I acknowledge that it is my responsibility to (1) arrange for a pre-event inspection of my Primary and/or Spare bike and certain related equipment, (2) pay for any repairs or equipment required for the issuance of this certificate, (3) present this certificate at registration, and (4) ensure that this equipment is maintained in safe operating condition at all times while on the event course. I hereby assume full responsibility for this equipment during the event and waive, release, forever discharge, indemnify, hold harmless, AND AGREE NOT TO SUE the above-mentioned mechanic, bike shop, and anyone else connected with the Event from any and all liability or other claims that may arise in connection with the use of this bike and any related equipment.

Participant Printed Name: _____ Signature: _____ Date:_____