

## tour de forest benefit bicycle ride

Sponsored by The Little Cities of Black Diamonds Council Begin & End At Hocking College Recreation Center • Nelsonville

Saturday, April 29, 2017

## **Registration Form (one form per participant)**

Last Name:	First Name:	
Street Address:		
City:	State:	Zip:
Telephone:	Email:	Age:
<ul> <li>□ 1. Metric Century Route (70 Miles) (</li> <li>□ 2. GRAVEL Route (54 Miles) (depa</li> <li>□ 3. Mining Town Route (30 Miles) (depa</li> <li>□ 4. Eclipse Bikeway Route (30 Miles)</li> </ul>	rt 8 AM) epart 8 or 9AM) (depart 9 or 10AM)	(Lunch served 11:30am-3pm):  vards Athens and Back (depart 9, 10 or 11AM)
=	stration	
In accepting this agreement for mys in the <i>Tour de Forest Benefit Bicya</i> circumstances inherent in this event there are a variety of specific risks a falls, collisions with other bicyclists by conditions of the road, such as bride involves riding my bicycle on procest Benefit Bicycle Ride. I under liability with respect to my participa all times while riding my bicycle or my behalf, do agree to release, hold sponsors and officers, from any and though that liability may arise out or in this waiver. Having read and under the respect to the read to the respect to the resp	The Ride will be exposed to the risks of set, including the negligent acts or omission and dangers inherent in a voluntary bicycle, motor vehicles or stationary objects; admost pavement, railroad crossings, and republic roads. I voluntarily agree to assume that the Little Cities of Black Diametrian in this event. I agree to wear an AN at the Tour de Forest Benefit Bicycle Ride harmless, and discharge Little Cities of I all claims or liabilities of any kind arising finegligence, recklessness, or carelessness derstood this agreement, I voluntarily and	the age of 18), I know that those participating brious bodily injury, sickness, or death due to as of others. I understand and am aware that ling event including, without limitations, liverse weather conditions; and those caused road crossings. I further understand that the ne all of the risks inherent in the <i>Tour de monds Council</i> assumes no responsibility or ISI, Snell, or ATSM/SEA-approved helmet at a le. I, for myself and anyone entitled to act on a load of my participation in this ride even so on the part of the persons or entities named a knowingly sign it.
Participant's Name (Print)	Participant's Signature	Date
Parent/Guardian Name (Print)	Parent/Guardian Signa	ature Date

Return Form In Advance to: Little Cities of Black Diamonds Council P. O. Box 128, Shawnee, Ohio 43782 or Bring With You Day of Event