

# Tour de Hope Registration

Event Date September 24, 2011

Event Location: Tower Square Marion, IL

Registration: 7:00am

Mass Ride at 8:30am

Ending Time: 4:00pm at starting point (must sign out)

## Attendee Information

Name:

Name (2):

Name (3):

Name (4):

Address:

City/State:

Zip/Postal Code:

Main Contact):

Phone:

Email Address:

Emergency Phone:

## Enrty Fee

Event Fee: **\$35.00** (includes t-shirt)

Event Fee: **\$30.00** (does not include t-shirt)

x Number of Attendees:

Total Due:

## T-Shirt(s)

Adult Size	Quantity	Total
Small	<input type="text"/>	<input type="text"/>
Medium	<input type="text"/>	<input type="text"/>
Large	<input type="text"/>	<input type="text"/>
X Large	<input type="text"/>	<input type="text"/>
XX Large	<input type="text"/>	<input type="text"/>

Register by September 15th to receive t-shirt(s)

## Tour Release Form

PLEASE READ CAREFULLY. SIGN & RETURN COPY WITH REGISTRATION FORM

In consideration of the acceptance of this application, I hereby, for myself, executors, administrators and assigns, and anyone entitled to act on my behalf, release and discharge the sponsors, directors, officials, employees and volunteers, from any kind of illness or damages suffered by me as a result of my participation in, or traveling to or from, the Tour de Hope.

I know and understand that bicycling is potentially hazardous. I should not enter the Tour de Hope unless I am medically able and properly trained. I assume all risks associated with riding the Tour de Hope, including, but not limited to: falls, contact with other participants, the effect of weather, traffic, and conditions to the roads; all such risks being known and appreciated by me. I realize that bicycling is a strenuous activity which requires proper physical conditioning. I do hereby certify that I am in such physical condition and in good health. I agree to wear all appropriate equipment, including a helmet, at all times while riding the Tour de Hope.

Signature of rider(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

## Please Mark Choice of Ride

- 15 Miles       31 Miles  
 62 Miles       100 Miles

## Safety

Our primary concern is for your safety. Remember you are sharing the road with motorized traffic. You must obey all traffic laws. The release waiver on your entry form **MUST** (be signed prior to Tour de Hope.) **Rider must be at least 18 years of age. All riders must wear an approved and secure bicycle helmet.**

### Mail completed form and payment to:

Hands of Hope Family Clinic  
 808 W. Prairie St.  
 Marion, IL 62959