

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

• Ride Selected:  19mile  34mile  64mile  64 mile PLUS 10 mile "hilly" loop

• DAY OF REGISTRATION FEES: \$25/RIDER

• Total Amount Due:     \$ 25.00    

Please make checks payable to: Union County Foundation.

RELEASE: In signing this form for myself or named entrant (if under the age of 18) I acknowledge that I understand the intent hereof, and I hereby agree to and will absolve and hold harmless the Union County Foundation, its staff, agents and any other parties connected with this event in any way whatsoever, singly and collectively, from and against any blame or liability, misadventure, harm, loss, inconvenience or damage suffered or sustained as a result of participation in the Union County Foundations Covered Bridges Tour or in any activities associated therewith. I also hereby consent to and permit emergency treatment in the event of injury or illness. I shall abide by traffic laws and regulations and practice courtesy and safety in cycling.

X \_\_\_\_\_

Date: \_\_\_\_\_

Signature

X \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent for riders under age 18

