

2015 Tour d'Italia Registration Form

Ride Date June 20, 2015 Start Time 8:00 AM at Italy High School, 300 College St, Italy, Texas

Please PRINT and complete the registration form, sign the waiver, enclose your check payable to Lone Star Cyclists and mail to: **Lone Star Cyclists, PO Box 540696, Grand Prairie TX 75054**

Last Name _____ First Name _____ Sex ___ Age _____

Address _____ City _____

State _____ Zip _____ Cell Phone _____ I have ridden Tour d' Italia _____ times

Emergency Contact _____ Phone _____ on the ride? __Yes __No

Distance Today ___ 12 miles ___ 30 miles ___ 40 miles ___ 50 miles ___ 63 miles ___ Undecided

E-mail Address _____

Camping at Italy High School Friday Night ___ Spaghetti Dinner Friday ___ Pancake Breakfast Saturday ___

How Did You Hear About the Tour d' Italia?

Ridden Before ___ Word of Mouth ___ Bike Shop ___ Flyer from Another Ride ___ Web Site ___ Other _____

Entry Fee \$30 if Postmarked by June 1, 2015 (\$35 after). All T-shirt sizes may not be available.

REGISTRATION AND T-SHIRTS	CIRCLE SHIRT SIZE	BEFORE JUNE 1st	AFTER JUNE 1ST	TOTAL
ADULT with Short Sleeve Shirt	S M L XL XXL 3XL	\$30.00	\$35.00	
CHILD under 12 years old with shirt	ADULT - S M L XL	\$10.00	\$12.00	
EXTRA Short Sleeve Shirt	S M L XL XXL 3XL	\$10.00		
TOTAL ENCLOSED				\$ _____

WAIVER OF CLAIM (must be signed by each individual cyclist to enter)

In consideration of the acceptance of my application for entry in the above event, I, the undersigned, fully realize the dangers of participating in a bicycle ride and fully assume the risks associated with such participation, which may include, but are not limited to, serious injury, illness, or death. Although I fully appreciate the risks, I desire to participate without regard to the consequences. In the event that minor children are riding with me, I agree to be fully responsible for them and agree that they are bound by the terms of this waiver. I waive all claims against the Lone Star Cyclists, any individual, the city of Italy, any law enforcement agency, public entities, firm, corporation, or any other party involved with the ride or the acts of omissions by anyone involved with the ride. This waiver shall be binding on my helm, legates, administrators, and assigns. Further. I hereby fully grant permission to any and all of the foregoing to use any photograph, videotapes, motion pictures, media recordings of any kind, or any other record of this event for any legitimate purpose, including promotional efforts of any kind. I understand that a bicycle is a legal vehicle in the State of Texas and I agree to ride in a legal and safe manner. I HAVE BEEN ADVISED TO WEAR A HELMET. By failing to do so, I fully assume all risks resulting from my failure to wear a helmet. I assume all responsibility for the selection of a helmet. I have no physical or mental condition which would endanger me or others if I participate in this event. I understand that no one is authorized to make statements or representations either verbally or in writing which in any way contradicts this waiver of claim. I understand that intersections are not controlled and all cyclists must obey all traffic regulations. SAG support ends at 2PM, riders accept responsibility for all support after 2PM, if continuing to ride.

Rider's Signature

Date

I, as parent or guardian of the above-named minor, hereby give my permission for my child or ward to participate in the event, and further agree individually on behalf of my child, to the terms above. I agree to be with my child or ward at all times when said minor is on the ride.

If Rider is Under 18, Signature of Parent or Guardian Required

Date