

TOUR^{31st Annual} de Braz

SATURDAY, MARCH 9th, 2024 | REGISTRATION FORM | RECOMMENDED RIDE

NOTICE: This registration form, when completed is a contract with legal consequences and must be completed in its entirety. I, _____, the undersigned, assume full and complete responsibility for an injury or accident which may occur during participation in the Tour de Braz Bike Ride. I hereby release the City of Alvin, Alvin Community College, their employees, agents, affiliates, and assigns present or future, whether known, anticipated or unanticipated, resulting from or arising out of or incident to, in part or in whole my participation in the Tour de Braz Bike Ride and related activities, whether or not caused by the negligence of any of the parties released hereby. I understand that I must ride in a safe and courteous manner and will obey state and local laws. I will use a hard-shell helmet during the Tour de Braz Bike Ride.

SIGNATURE: _____

PARENT, IF UNDER 18: _____

DATE: _____

Pricing Information

Individual Rider:	Child 13 - 15:
\$40 before ride day	\$15 before ride day
\$50 on ride day	\$20 on ride day

Due to construction the routes 34, 50, 65 have changed slightly making them 35, 57, and 67-mile-long routes. We hope to go back to the original routes next year.

Updated Routes can be found at:

<https://ridewithgps.com/events/235700-2024-tour-de-braz>

Rider Information

Rider Name: _____

Street Address: _____

City, State & Zip: _____

E-mail: _____

Phone: _____

Bib#: _____

Routes

Please indicate the ride routes you will be participating in:

☐ 35 mi. ☐ 57 mi.
☐ 67 mi. ☐ 100 mi.

Emergency Contact Information

Name: _____

Phone: _____

T-Shirt Size

☐ S ☐ M ☐ L ☐ XL ☐ XXL

Safety Rules

- ANSI or Snell approved safety helmet is required and MUST be worn by all participants at all times.
- Riders should stay to the right side of the road.
- All routes close at 5:00 p.m.
- Ride will be held rain or shine.
- All riders should carry water and drink plenty of fluids.
- Have your bike inspected at your local bike shop prior to the ride.

Lunch and water will be available for to riders after their ride.
Please indicate if you need a vegetarian option: YES_____

Payment

☐ Cash ☐ Check* \$_____ Enclosed

Any one under the age of 18 MUST have a guardian with them THE WHOLE TIME.

**Checks must be made payable and mailed to the City of Alvin at 216 W. Sealy, Alvin, TX 77511.*

Ride Assistance

• Rest stops will be located every 10-14 miles offering water, drinks, snacks, minor medical assistance and

bike assistance.

• SAG Wagons will provide minor roadside assistance and rides to the nearest rest area where assistance back to the college will be provided.

Title Sponsor:

utmb Health

All rides depart from:

Alvin Community College
3110 Mustang Road,
Alvin, Texas 77511

For more info contact:

Athlyn Allen- Roberts, Alvin CVB
281-388-4212
Email: cvb@cityofalvin.com

**PEARLAND
BICYCLES**

Ride benefits the Alvin Volunteer Fire Department