**Litchfield Watercade Lakes Bike Tour**

Sponsored by:

 ***LANGMO FARMS & ACMC CLINIC, LITCHFIELD*** Saturday, July 8, 2017

 Litchfield, MN 55355

**Please be aware that the run and the bike ride are not at the same time. There is plenty of time to run then bike!**

**The ride:** Choose from three different routes – 10, 25 or 35 miles.

**Rest stops and support services:** Rest stops, approximately every 10 – 15 miles, with plenty of food and water will be provided.

**T-shirts:** Riders are guaranteed a Watercade t-shirt with their preregistration. Additional t-shirts may be available the day of the ride; quantities will be limited and first come first serve basis.

**Registration:** Riders may pre-register by mailing entry form and check or money order by **June 17**. Riders may also register by 8:30 A.M. on the morning of the ride. All riders must be on the course by 9:00 A.M. All riders should check in at the registration stand before starting the ride to pick up a map of the route. Riders may start anytime between 8:30 and 9:00 A.M. The ride will take place rain or shine!

**Directions to the start:** The ride will start at the Jaycee Park shelter on the east side of Lake Ripley (**next to the campgrounds**.) From the Twin Cities, take Hwy. 12 west to Litchfield (approximately 60 miles). In downtown Litchfield, go south on Hwy. 22 approximately 1-1/4 mile. Turn right on South Ripley Drive and then turn right into the parking lot. The Jaycee Park is on the south side of the parking lot across the bridge. Watch for signs on the right side of the road.

**Rules of the road:**

-Helmets must be worn by all participants. -Signal other riders when passing (“On your left!”)

-Riders should stay as far to the right as possible. -Riders must obey all traffic laws, including stop signs.

-Children 12 and under must be accompanied by an adult during the entire ride

**ENTRY FORM**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age (if 12 or younger): \_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( )**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Entry fee: $25.00 (includes high quality unisex performance t-shirt)**

Please check t-shirt size here: \_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_\_\_\_ XXL

**Send entry and check or money order (payable to Litchfield Watercade) to Litchfield Watercade Committee (Bike Ride): PO Box 217; Litchfield, MN 55355. Questions: visit www.watercade.com**

**LIABILITY WAIVER**

Read and sign the following, one registration per rider:

I, the undersigned, know that bicycling is a sport carrying significant risk of personal injury. I know that there are natural and man-made obstacles or hazards, surface and environmental conditions and risks, including but not limited to falls, contact with other riders, effects of weather, traffic and road conditions which in combination with my actions can cause me severe or fatal injury. I agree that as a participant in the Watercade Lakes Bike Tour I must take an active role in understanding and accepting these risks, conditions, and hazards. I also agree that I, not Watercade, its officials, staff, volunteers and/or sponsors of the Watercade Lakes Bike Tour, am responsible for my safety.

Having read this waiver, knowing the facts and in consideration for your accepting my registration for Watercade 2017, I hereby release for myself or anyone active on my behalf, my heirs or assigns, Watercade, its officials, staff, volunteers and sponsors of the Watercade Lakes Bike Tour, and any and all persons connected with Watercade Bicycle Ride from all liability for any injuries or damage.

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

Signature of parent or guardian if under 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_