

TOUR^{29th Annual} de Braz

SATURDAY, APRIL 9th, 2022 | 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:
\$40 before ride day
\$50 on ride day

Child 13 - 15:
\$10 before ride day
\$15 on ride day

*There will be no Post - Ride Party, but we will offer food to go after the ride.
The first 500 Tour de Braz registrants are guaranteed to receive a t-shirt.
All registrants under the age of 18 must have their guardian present with them the entire ride.*

Routes

Please indicate the ride routes you will be participating in:

34 mi. 50 mi.
 65 mi. 100 mi.

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 4:00 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.

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.

Rider Information

Rider Name: _____

Street Address: _____

City, State & Zip: _____

E-mail: _____

Phone: _____

Bib#: _____

Emergency Contact Information

Name: _____

Phone: _____

T-Shirt Size

S M L XL XXL

Lunch

Chick - fil -a meals and water will be available for to riders after their ride.

Please indicate if you need a vegetarian option: YES _____

Payment

Cash Check* \$ _____ Enclosed

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

All rides depart from:

Alvin Community College
3110 Mustang Road,
Alvin, Texas 77511

For more info contact:

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