



**Registration Instructions**

- (1) Register with Cascade on or before October 31 2019
- (2) Complete the application below for 1 – 4 riders. Use additional form for more riders.
- (4) Turn in application & fees to

**Cascade Foundation**

PO Box 40397 • Tucson, AZ 85717-0397  
 Make checks/money orders payable to Cascade Foundation

**For more information:**

www.CascadeFoundationAZ.org  
 (520) 400-0249 • info@CascadeFoundationAZ.org

**Cascade Foundation Entry Fees**

Type	Fee	Event T-Shirt
Individual	\$10 each	Add \$10 per person

**2019 Application for El Tour de Tucson Fun Ride**

For individuals and groups, fill in all information below for up to four (4) cyclists in one household. If registering more than four or if group members have different addresses please use an additional application. Make checks payable to Cascade Foundation. **All cyclists (adults & youths) must officially register and sign event waiver to the right. Parent/Guardian must sign for minors.**

**PLEASE PRINT CLEARLY**

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_



How Much Are You Enclosing Now?	Amount
Individual: \$10 ea X _____ (quantity)	\$ _____
T-shirt (optional) \$10 ea X _____ (quantity)	\$ _____
<b>Total enclosed</b>	<b>\$ _____</b>

Event Date: **Saturday-November 23, 2019**  
 Start Time & Place: **8:00 a.m. - Armory Park**

Event Benefits
◆ Special Fun Ride Medallion to all finishers
◆ El Tour Packet filled with donated goodies
◆ Name published in <i>Tail Winds</i> newspaper
◆ Route Support including water stops
◆ Traffic control on route
◆ Opportunities for more benefits & awards
◆ Pre-ride celebration

Rules
(1) All cyclists must properly wear a CPSC-approved cycling helmet.
(2) No electric or motor assisted bicycles
(3) No aero-type handlebars
(4) Cyclist or parent/guardian of rider must sign the Release of Liability Waiver (to the right)

**WAIVER - Parent/Guardian Hold Harmless Agreement**

Signature of each participant or participant parent/guardian required.

I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages, including, but not limited to, the loss of bicycle, helmet or any other personal items, I may have against the State of Arizona, Arizona Department of Transportation, Arizona Department of Public Safety, City of Tucson, Pima County, Perimeter Bicycling Association of America, Inc., Banner – University Medicine, Diamond Children’s Medical Center, Cascade Foundation, any and all governmental and tribal agencies, volunteers, any and all sponsors or underwriters and their representatives, successors and assigns for any and all injuries suffered by me or and/or my child/children/wards as a result of taking part in this bicycling event and any related activities.

The event utilizes open public roads, which may or may not be maintained by local municipalities, cities, counties, and/or the State. The event is not responsible for the condition and maintenance of the roads. Road hazards are always possible and in entering this event, and signing this waiver, I agree and understand that I must be alert to all road hazards, including but not limited to: pot holes, uneven pavement, road cracks, road debris, unfinished construction, and motor vehicle traffic.

I attest that I and/or my child/children/wards will participate in this event as a bicycling entrant; I/ he/she will wear a CPSC-approved bicycle helmet; I am/we are physically fit and able to complete this event and that aero-type and other similar handlebars are prohibited in this event.

Further, I hereby grant full permission to any and all the foregoing to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand all fees and contributions paid are not refundable, nor transferable.

**PLEASE SIGN BELOW.**

Assistant or Rider	Name(s)	Birthdate	Sex	Circle Miles	Circle Shirt Size if purchased										Read Waiver (above) & Sign Below	Office Use Only
					YOUTH			ADULT								
			M F	10 4 1 1/4	XS	S	M	S	M	L	XL	XXL				
			M F	10 4 1 1/4	XS	S	M	S	M	L	XL	XXL				
			M F	10 4 1 1/4	XS	S	M	S	M	L	XL	XXL				
			M F	10 4 1 1/4	XS	S	M	S	M	L	XL	XXL				
			M F	10 4 1 1/4	XS	S	M	S	M	L	XL	XXL				