

FLATLANDERS BICYCLE TOUR



Entry form

Rider #: _____ (given at registration table)

One person per form. Form may be duplicated. Please print.

Distance(miles): 25 50 75 100

Name: _____ email: _____

Address: _____

City, State: _____ Zip: _____

Telephone: _____ Age (if under 18): _____

Registration fees:

Adults (16 and over) Day of Event, \$20

Adults, Early Bird: Received before day of event, \$15

Youth, 15 and under, any time, \$10

This event supports the Ohio Bicycle Federation

\$1 from each rider is donated to the Ohio Bicycle Federation in support of the Ohio Bicycle Events Calendar at www.ohiocycling.info.

All applicants must complete and sign this form

Important Notice – Read Carefully

Waiver

In signing this release for myself or for the named entrant (if the entrant is under the age of 18) I acknowledge that I understand the intent hereof and I hereby agree to and will absolve and hold harmless the Flatlanders Bicycle Club and the League of American Bicyclists, Inc., and their officers and members, respectively and any other parties connected with this event in any way whatsoever, singly and collectively, from and against any blame or liability for any injury, misadventure, harm, loss, inconveniences or damage suffered or sustained as a result of participation in the Flatlanders Bicycle Tour or in any activities associated therewith. I realize that bicycling requires physical conditioning and I have no physical or medical impediment, which would endanger myself or others. I also hereby consent to and permit emergency treatment in the event of injury or illness. I shall abide by traffic laws and regulations, wear a CPSC approved helmet and practice courtesy and safety while bicycling in the Flatlanders Bicycle Tour.

Signature of Entrant: _____

Date: _____

Signature of Parent or Guardian if entrant is under 18 years of age:

Make checks out to: Flatlanders Bicycle Club

Mail check and entry form to:

Flatlanders Bicycle Club

P.O. Box 134

Fremont, Ohio 43420