



7th Annual Apple Blossom Tour "Pedaling Against Polio" - A Lizfest Event

Saturday, August 3, 2019
La Crescent Community Arena
7am Registration
7:30-8:30am Start 8am Mass Start
520 S. 14th Street, La Crescent, MN

Contact Information
appleblossomtour.org
appleblossomtour@gmail.com
(507) 895-2800

For your safety, please observe all traffic laws and ride single file when cars approach. Helmets are required for all riders.

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Cut here and mail in registration with payment. Keep the top piece as a reminder.

Rider Information

Name _____ Age _____ Gender _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Email _____

Emergency Contact

Name _____ Phone _____ Relationship _____ On Ride Not on Ride

-- Participants under 16 should be accompanied by an adult on any ride more than 25 miles --

Route Options - \$35 per person

_____ 16 mile _____ 31 mile _____ 54 mile _____ 61 mile

Biking socks are included for all participants.

_____ S/M _____ L/XL

Payment information - Please pay with check or money order and make payable to and mail to

Rotary Club of La Crescent, 109 South Walnut Street, Suite B, LA Crescent, MN 55947 _____ Amount Enclosed

Apple Blossom Tour 2018 Waiver Form - Registration will not be processed if waiver is not signed

In consideration of being allowed to participate in any way in the event, the undersigned appreciates and acknowledges that: (1) I knowingly and freely assume all risks, both known and unknown, and assume full responsibility for my participation; and, (2) Pictures of participants are the property of the Rotary Club of La Crescent and may be used in future marketing of the rides and (3) I, hereby release and hold harmless Rotary Club of La Crescent, their officers, officials, agents, and/or employees, volunteers, staff, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to any and all injury, disability, death or loss or damage to person or property. I have read this release of liability and assumption of risk agreement, fully understand its terms, and sign it freely and voluntarily without any inducement.

signature _____ date _____

CONSENT AND RELEASE OF PARENT OR GUARDIAN

(Required if participant is under 18 years of age on date of signing waiver)

parent/guardian signature _____ date _____