

For Office Use Only
Bib #

**4th Annual Chuck Hanson
Tour de Apple Valley
Community Bike ride
October 22, 2011**

Please Print Legibly

Last Name: _____
 First Name: _____ Initial: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone (Home): _____ Cell/Work: _____
 Email Address: _____ Date of Birth: _____
 Emergency Contact Person: _____
 Emergency Contact Phone: _____

WAIVER REQUIRED TO PARTICIPATE

CHECK ONE

- Metric Century (62 miles) BEFORE Oct. 7th per person cost \$50 \$50 = _____
- Metric Century (62 miles) AFTER Oct. 7th per person cost \$60 \$60 = _____
- Half Metric (31 miles) BEFORE Oct. 7th per person cost \$50 \$50 = _____
- Half Metric (31 miles) AFTER Oct. 7th per person cost \$60 \$60 = _____
- Tandem riders cost \$70 \$70 = _____

Total Amount Due \$ _____

T-Shirt Size (Circle One)

S M L XL XXL

I, the undersigned, understand the following:

I am aware that recreational activities can be hazardous and I am voluntarily participating in these activities with knowledge of the hazard involved and hereby agree to accept any and all risks of injury or death. I understand that the Tour de Apple Valley is on public streets that are not closed to vehicular traffic. I will take all safety precautions when on the road. The Town is not responsible for participant's injuries or damages occurring from hazardous recreation activities (CA Government Code 831.7). The Town does not provide participants with medical insurance or treatment for injuries. I agree to hold harmless and release the Town of Apple Valley, its officers, agents and employees and the Apple Valley Police Activities League from all liability arising from or related to my participation in Town of Apple Valley program activities. This release includes, but is not limited to, all liability for death, personal injury or property damage resulting from the active or passive negligence of the Town of Apple Valley or its agents or any defective or hazardous condition of any property or equipment owned, operated or maintained by the Town of Apple Valley. I am responsible for any loss, theft, or damage to either personal or Town equipment, articles or facilities while using said equipment, articles and/or facilities.

_____ Please Print Name of Participant

_____ Signature of Participant Date

_____ Please Print Name of Parent or Guardian (if applicable and under 18 years of age)

_____ Signature of Parent or Guardian Date

Rain or Shine...We Ride! No Refunds