



The Rita A Larson Memorial Ride



Pre-Registration Form

Mail by August 30, 2018 * One Rider per form Photocopies Accepted

Name _____ Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Early Bird Special (Before August 30, 2018)

Adult \$20.00 \$ _____

Ages 3-12 \$10.00 \$ _____

Under 3 (Free)

After August 30, 2018

Adult \$25.00 \$ _____

Ages 3-12 \$15.00 \$ _____

Under 3 (Free)

T-Shirt \$20.00 each

Men Sizes Please Circle Size

S M L XL XXL XXXL \$ _____

Youth Sizes Please Circle Size

S (6-8) M (10-12) L (14-16) \$ _____

Total Payment Enclosed \$ _____

In consideration of the acceptance of my entry I, for myself, my executors, administrators and assignees, do hereby release all sponsors and individuals assisting in the presentation of the Simon Kenton Pathfinders' Rita Larson Memorial Ride from all Claims of damages, demands and action whatsoever any manner arising or growing out of my participation in this ride. I attest and verify that I am physically fit and have completed sufficient training for this event and my equipment is in working order. I understand that my name photograph, or likeness may be used in promotion or advertising materials. I consent to such uses and waive any rights of privacy or publicly. I may have in connection with those uses. I agree to wear a bicycle helmet at all times during the ride and obey all traffic laws. I understand that no refunds will be issued for any reasons, including non-attendance. I have read and fully understand my own liability and accept these restrictions. This form will serve as a release for emergency care if needed. This event is rain or shine; no alternative rain date.

Adult Signature _____ Date _____

(Adult must sign if rider is a minor)

Mail to: Bike Ride Registration

P.O. Box 91

Urbana, Ohio 43078

Make checks payable to: Simon Kenton Pathfinders