



# 5th Annual Apple Blossom Tour "Pedaling Against Polio" - A Lizfest Event

Saturday, August 12, 2017  
La Crescent American Legion  
7am Registration  
7:30-8:30am Start 8am Mass Start  
509 N. Chestnut Street, La Crescent, MN

Contact Information  
[appleblossomtour.org](http://appleblossomtour.org)  
[appleblossomtour@gmail.com](mailto: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 30 miles

## Registration Options - \$30 per person, \$25 if paid by July 1, 2016

\_\_\_\_\_ 15 mile \_\_\_\_\_ 30 mile \_\_\_\_\_ 43 Mile \_\_\_\_\_ 54 mile \_\_\_\_\_ 64 mile

Biking socks are included for all participants

\_\_\_\_\_ S/M \_\_\_\_\_ L/XL

## \$25 Dry Fit Shirt Size and Quantity - Last day to purchase is July 1, 2017

\_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL

## 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 2017 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 \_\_\_\_\_