

24th Annual Tour 'd Italia Registration Form Ride date, June 20, 2009 Open start 8:00-9:00 a.m.

Please PRINT and complete the registration form, sign the waiver, enclose your check payable to Lone Star Cyclists and mail to:

Lone Star Cyclists.....333 Beatty Dr..... Grand Prairie, TX 75052-6404

Last Name: _____ First Name: _____ Sex ___ Age ___

Address: _____ City _____ St. ___ Zip _____

Email: _____

Home Phone: _____ Emergency Contact: _____

Phone _____ on the ride? ___yes___no. I have ridden Tour d' Italia _____ times.

Distance: ___12 miles___ 30miles. ___40miles. ___50miles. ___63miles___ undecided

Camping at Italy High School Friday Night _____ Spaghetti Dinner _____ Pancake Breakfast _____

HOW DID YOU HEAR ABOUT TOUR d' ITALIA

Ridden Before ___ Word of Mouth _____ Bike Shop _____ Flyer from Another Ride _____ Web Site ___ Other _____

Entry Fee: \$25 if Postmarked by June 12, 2009 \$30 after.

REGISTRATION & T-SHIRTS	CIRCLE SHIRT SIZE	BEFORE JUNE 12TH	AFTER JUNE 12TH	TOTAL ENCLOSED
With Short Sleeve Shirt	S M L XL XXL	\$25.00	\$30.00	
With Long Sleeve Shirt	S M L XL XXL	\$25.00	\$30.00	
EXTRA SHIRTS	CIRCLE SHIRT SIZE	COST	NUMBER	
Short Sleeve Shirt	S M L XL XXL	\$8.00		
Long Sleeve Shirt	S M L XL XXL	\$10.00		
TOTAL AMOUNT ENCLOSED				\$ _____

WAIVER OF CLAIM

(must be signed by each individual cyclist to enter)

In consideration of the acceptance of my application for entry in the above event, I, the undersigned, fully realize the dangers of participating in a bicycle ride and fully assume the risks associated with such participation, which may include, but are not limited to, serious injury, illness, or death. Although I fully appreciate the risks, I desire to participate without regard to the consequences. In the event that minor children are riding with me, I agree to be fully responsible for them and agree that they are bound by the terms of this waiver. I waive all claims against the Lone Star Cyclists, any individual, the city of Italy, any law enforcement agency, public entities, firm, corporation, or any other party involved with the ride or the acts of omissions by anyone involved with the ride. This waiver shall be binding on my helm, legates, administrators, and assigns. Further. I hereby fully grant permission to any and all of the foregoing to use any photograph, videotapes, motion pictures, media recordings of any kind, or any other record of this event for any legitimate purpose, including promotional efforts of any kind. I understand that a bicycle is a legal vehicle in the State of Texas and I agree to ride in a legal and safe manner. I HAVE BEEN ADVISED TO WEAR A HELMET, By failing to do so, I fully assume all risks resulting from my failure to wear a helmet I assume all responsibility for the selection of a helmet. I have no physical or mental condition which would endanger me or others if I participate in this event. I understand that no one is authorized to make statements or representations either verbally or in writing which in any way contradicts this waiver of claim.

Intersections are not controlled. All cyclists must obey all traffic regulations.

(Rider's signature) (Date)

I, as parent or guardian of the above-named minor, hereby give my permission for my child or ward to participate in the event, and further agree individually on behalf of my child, to the terms above. I agree to be with my child or ward at all times when said minor is on the ride.

(if rider is under 18, signature of parent or guardian required) (Date)