

Tour de' Round O



Benefit Bicycle Ride

Tour De Round O 10TH ANNUAL CYCLING Event Sept 10th, 2016

(843) 835-8621 or tourderoundo@yahoo.com

www.tourderoundo.com

SIGN & SEND THIS REGISTRATION FORM WITH YOUR NONREFUNDABLE
INDIVIDUAL REGISTRATION FEE OF \$30 and TANDEM \$60

TO: Tour De Round O- c/o Bethlehem Baptist Church 12898 Round O Road,
Round O, SC 29474

NAME _____

HOME PHONE () _____ WORK PHONE () _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ AGE _____

SEX _____ EMAIL _____

EMERGENCY CONTACT (NAME & PHONE) _____

HOW DID YOU HEAR ABOUT TOUR D ROUND O? • Friend • Website • News paper • Flyer
• Local Bike shop (name) • Other _____

FREE T-SHIRT to riders registered before Sept 4th (Please INDICATE SIZE BLOW) CIRCLE ONE.
• SM • MED • LARGE • X LARGE • XXX LARGE

Event Route you will be riding: (Circle One) • 40 mile • Metric • Century

REGISTRATION entry Fee (One Rider per Form) **\$30.00** with registration form \$ _____

TANDEM BIKE REGISTRATION Fee **\$60.00** \$ _____

INDIVIDUAL OR FAMILY DONATION \$ _____ TEAM DONATION \$ _____

MUST BE IN BEFORE Sept. 04, 2016.

AFTER Sept. 04, 2016, WILL BE: INDIVIDUAL FEE \$40.00 & TANDEM RIDER'S \$70.00.

**Make checks payable to; Tour De Round O. A Team Registration form must be provided prior to Individual Team Members being able to register.*

*** Higher donation goals are encouraged. Thank you for your support. ***

Rest Stops are fully stocked and lunch will be provided at the end of the ride.

RELEASE: In consideration for accepting my entry and signing of this release, I do hereby waive all claims against any sponsors, their employees, members or officers or any person connected with TOUR D ROUND O OR SUMMERVILLE CYCLIST or affiliated thereof. That I or my heirs may have by reason of any injury or damage suffered by me directly or indirectly, as a result of participating TDR 2016 event or any other activity related to it. I acknowledge that Tour De Round O involves riding a bicycle through Colleton County. I warrant that I am in the proper physical condition to participate in this activity. I further understand and accept the risks that the route chosen will expose me to and that could result in injury or damage to me or my equipment. I grant permission to allow the TOUR DE ROUND O/SUMMERVILLE CYCLIST to use any photo's taken during the event for all purposes of marketing, advertising or public relations for this and future TOUR DE ROUND O/SUMMERVILLE CYCLIST events and/or their future activities. I agree to use an ANSI approved helmet at all times and obey all laws and rules for operating a bicycle on the roads of the State of South Carolina..

SIGNATURE (Legal Guardian or parent if under 18*): _____

DATE: _____ Please be sure to sign this release.

ANSI APPROVED HELMETS ARE REQUIRED TO PARTICIPATE ON THIS RIDE