

Hot Tamale Day of Ride Application

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: () _____

E-mail: _____

Planned distance? 62 34 16 8

Age 10 and under 11 to 17 18 or older

In signing this release for myself or the named entrant, if entrant is under the age of eighteen (18) years. I acknowledge that I understand the intent hereof, and hereby agree to and will absolve and hold harmless the Heart of Ohio Tailwinds Bicycle Club, The Village of Waldo, and their officials and members, respectively, and any other parties, including any municipalities on route, connected with this event in anyway whatsoever, singly and collectively, from and against any blame of liability for any injury, misadventure, harm, loss, inconvenience, or damage suffered or sustained as a result of participation in the HOT TAMALE ride or in any activities associated herewith. I also hereby consent to and permit emergency treatment in the event of injury or illness. I shall abide by traffic laws and regulations and practice courtesy and safety in cycling. I will sign a League of American Bicyclists Liability release on the day of ride.

ENTRANT'S SIGNATURE

_____ DATE _____

(Signature of Parent or Guardian if entrant is under age 18)

PAYMENT: (One cyclist per application please)

Part 1: Ride cost not including shirt:

Adults and children 11 and older \$20 _____

Child 10 and under free _____

Subtotal (ride cost—max of \$45 per family) \$ _____

Part 2: Optional Tallgrass Trail donation:

Approximately three miles of pavement will be added to the existing quarter mile of the Marion Tallgrass Trail this year. This paved multi-purpose recreational trail will eventually stretch 12.4 miles. We hope that grants will cover 75% of the cost, but we need to raise local matching funds. The Heart of Ohio Tailwinds will donate \$1 to this effort for each HOT TAMALE rider. We invite you to add your own optional donation. If you would like your extra donation to be tax-deductible, please attach a separate check for the donation portion, payable to "Prairie Parks Foundation". Please write on the check that this is for "Tallgrass Trail".

Subtotal (optional donation) \$ _____

Total (ride and optional donation) \$ _____

Please make check payable to "Heart of Ohio Tailwinds"

WE REQUIRE EVERYONE TO USE HELMETS FOR SAFETY