



REGISTRATION FORM

Harvest Homecoming Bicycle Tour
Sunday, October 1, 2017
Lanesville Heritage Park

Complete this form and mail along with entry fee to:

P.O. Box 9621 – Louisville, KY 40209

More Info At: www.siwheelmen.org

Name – *PLEASE print all info. neatly!* Year of Birth

Street Address

City State ZIP

Phone (with Area Code)

E-mail

Emergency Contact Name

Emergency Contact Phone (with Area Code)

Ride Distance: 5 25 40 65 Miles

40th Annual Commemorative Tee-shirts (optional)

Size: S M L XL XXL

Style: Short Sleeve Long Sleeve

Price: \$15 (S-XL, short sleeve) \$20 (S-XL, long sleeve)
\$17 (XXL, short sleeve) \$22 (XXL, long sleeve)

REGISTRATION FEES

Tee-shirt:	(See above)	\$ _____
Pre-Registered:	\$25 (adult)	\$ _____
(Postmarked	\$15 (child*)	\$ _____
by 9/22/17)		
After 9/22/17:	\$35 (adult)	\$ _____
	\$17 (child*)	\$ _____

* 12 & Under

TOTAL ENCLOSED:



\$ _____

Please make checks payable to "Southern Indiana Wheelmen"

IMPORTANT! READ & SIGN THIS RELEASE!

I, the undersigned, freely acknowledge and realize the dangers of participation in the Harvest Homecoming Bicycle Tour ("HHBT") and fully assume all risks including, but not limited to, collision with pedestrians, vehicles, other riders, and/or fixed or moving vehicles, sponsors, promoters, or drivers, and dangers arising from falls, road surface, equipment failure, inadequate safety equipment, weather conditions, as well as the possibility of physical and mental trauma. I understand that the route requires bicycling on public roadways and in bad weather and that cyclists have been hospitalized and killed because of traffic mishaps that are either their responsibility or others' responsibility and I further agree that I will bear all expenses incurred in any such accidents.

I realize that HHBT requires physical conditioning and I represent that I am in sound medical condition. I have no physical or medical impediments which would endanger myself or others. I understand and agree that a situation may arise during HHBT which may be beyond the control of the sponsors, promoters, or organizers and agree to ride so as not to endanger myself or others.

I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors), any and all rights and/or claims which I have, may have, or may hereafter accrue to me against the sponsors or promoters of HHBT including the Southern Indiana Wheelmen or their sponsors or affiliated organizations and their respective agents, officers and employees for any and all damages, injuries or claims which may be sustained by me indirectly arising out of my participation in HHBT. The above agreements and representations are my expressed understandings of the risks; and I assume them voluntarily and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect. I accept responsibility for the condition and adequacy of my bicycle, will wear a helmet as required, and will carry water and personal identification at all times, and agree to abide by the rules of HHBT.



Signed (Guardian if under 18)

Date