



October 16, 2010
One form per rider

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ E-mail: _____
Home Phone: _____ Cell Phone: _____

T-shirt size (registration must be mailed / faxed on or before the pre-registration deadline to be assured a T-shirt): **Polyester Tech-T** () S () M () L () XL () XXL **Cotton-T** () XS () S () M () L () XL () XXL

Check Distance:

On or before July 1 – Citizen () 30mi \$35.00 Metric () 65mi \$44.00 Century () 100mi \$49.00
Between July 1 & Oct 10 – Citizen () 30mi \$39.00 Metric () 65mi \$54.00 Century () 100mi \$59.00

Any riders who register after the October 10th deadline will not receive a T-Shirt the day of the event. All late registrants will have their T-Shirts mailed to them.

Registration Fees (Non-refundable) must be received **on or before October 10th, no exceptions!** After **October 10th you must register in person at Red Rock Bicycle on the 15th. There will be a \$10 late fee and T-Shirts will be mailed to you.** Please enclose check or money order only (do not send cash). If you wish to use a credit card please sign up online via active.com.

Total amount enclosed: \$ _____

WAIVER AND RELEASE OF RESPONSIBILITY

I understand that bicycling is a hazardous activity and that by voluntarily participating in this event I assume responsibility for any injury that I may suffer. I hereby waive all claims against the Tour de St George, its members, volunteers, and sponsors. I attest that I am physically fit and prepared to participate in this event.

I have read this release and signed: X _____ Date: _____
(Signature 18 or over)

MINOR'S PARENT / LEGAL GUARDIAN MUST SIGN BELOW

I, the minor's parent or legal guardian understand the nature of bicycling and the minor's experience and abilities and believe the minor to be physically capable of participating in this activity. I assume the responsibility for any injury that the minor may suffer. I hereby waive all the claims against the Tour de St George, its officers, members, volunteers and sponsors.

I have read this release and signed: X _____ Date: _____
(Signature parent / guardian)

Print parent / guardian name: _____

Parent/Guardian address: _____

City: _____ State: _____ Zip: _____ Parent/guardian phone: _____ Print

Minor's name: _____

EMERGENCY CONTACT INFORMATION

Name (person not on this ride): _____ Phone: _____

Mail this completed registration form with check or money order (made out to Tour de St. George) and completed Waiver form to:

Tour de St. George
446 W. 100 S.
St. George, UT 84770