

Hot Tamale Day of Ride Application

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE: () _____
 E-mail: _____

Planned distance? 67 44 26 11
 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	\$25	_____
Children 11 and older	\$20	_____
Child 10 and under	\$15	_____
Subtotal		\$ _____

Part 2: Optional Tallgrass Trail donation:
 Modern Woodmen has pledged to match the first \$2,500 in funds raised by the Hot Tamale Tour, allowing us to purchase a machine that will grind away bumps in the Tallgrass Trail. Your donation here will help us to purchase this machine. The Heart of Ohio Tailwinds will donate \$1 to this effort for each HOT TAMALE rider. 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".

Optional donation	\$ _____
Total (ride and optional donation)	\$ _____

Please make check payable to "Heart of Ohio Tailwinds"

WE REQUIRE EVERYONE TO USE HELMETS FOR SAFETY