

2024 ORCHARD COUNTRY BICYCLE TOUR REGISTRATION FORM

Please read all information carefully and complete this form in full.

PLEASE, ONLY ONE NAME PER ENTRY FORM - FORM MAY BE DUPLICATED!

NAME _____ AGE _____
(PLEASE PRINT)

STREET _____

CITY _____ STATE _____ ZIP _____

DATE _____ DAY PHONE _____ EVENING PHONE _____

ROUTE YOU PLAN TO RIDE: _____ 16 mi. _____ 32 mi. _____ 63 mi.

How did you hear about O.C.T.? Mail _____ Friend _____ Bike Shop Name _____

Registration Amount (One rider per form. Forms may be duplicated) \$ _____

Pre-registration (non-family) \$25.00 Per Rider (\$30.00 after 5/8/24)

Family pre-registration (3 or more immediate family only) \$50.00 per family (\$60.00 after 5/8/24)

T-Shirt Amount \$ _____

T-Shirts must be ordered by May 8th to guarantee availability on ride day.

Indicate quantity desired at \$20.00 each. Adult sizes only.

Small _____
Medium _____ X-Large _____
Large _____ XX-Large (\$24.00) _____

Total Amount for this participant \$ _____

RELEASE AND WAIVER OF LIABILITY

I realize that I am participating in the Orchard Country Bicycle Tour for my own enjoyment, and I understand the risks I am incurring. I further understand I will be riding on public roads that will be carrying their normal amount of traffic. In signing this form for myself or for the above named participant (if he or she is under 18), I understand and agree to absolve all of the sponsors and organizers, be they individuals or organizations, singly or collectively, of all blame for any injury, misadventure, harm, loss or inconvenience suffered as a result of taking part in the Orchard County Bicycle Tour or in any of the activities associated with the event.

Signature of participant _____ Date _____
(If participant is under 18, parent or legal guardian must sign.)

If participant is under 13 and cannot be accompanied by a parent or guardian, a responsible adult must also be named who is cycling with the child the day of the ride. Application is not valid without signatures of both parents and responsible adult riding with child that day.

Name of responsible adult _____ Signature _____ Date _____
(PLEASE PRINT)

Separate forms and signatures MUST be filled out for EACH rider.