

Pedal Palacios

BP MS-150 Recommended Ride

Saturday, October 8, 2011

Benefitting the Palacios Hike & Bike Trails

Start time: 8:00 am (12 mile at 9:00 am) Registration opens: 6:30 am

Where: the Palacios Pavilion on South Bay Boulevard at Fourth Street

Complete this form, sign the Waiver, enclose your check payable to **Pedal Palacios**, and mail to: Pedal Palacios

PO Box 840

Palacios, TX 77465

Last Name _____ First Name _____ Sex _____ Age _____

Street _____ City _____ St _____ Zip _____

Home Phone _____ Cell Phone _____ on the ride? yes no Email: _____

Emergency Contact Name and # _____

Choose your ride length: **60 miles 36 miles 12 miles**

Choose one: _____ \$35 early registration fee prior to August 31

_____ \$40 registration fee Sept. 1 to Oct. 7

_____ \$50 registration fee the day of the ride

_____ I cannot make the ride, but enclose my donation of \$ _____

T-shirt size M L XL XXL

I will attend the free Shrimp Boil in City Park at 12:00. _____ yes _____ no

I need _____ extra tickets at \$15 each

Waiver. In consideration of the acceptance of this registration, I, the undersigned, acknowledge that my participation in Pedal Palacios is voluntary and assume full and complete responsibility for any injury or accident which may occur during my participation. I certify that I am sufficiently experienced to ride in the Pedal Palacios Ride. I hereby release and hold harmless the sponsors, promoters, event partners, National Multiple Sclerosis Society, National Multiple Sclerosis Society Lone Star Chapter and all other persons and entities associated with the event from any and all claims, demands, or causes of action as a result of any injury or damage whether is caused by myself or by the negligence, in whole or in part, or the sponsors, promoters, event partners or any other persons or entities associated with the event. I agree to wear a helmet and assume responsibility for its selection. I understand that a bicycle is a legal vehicle in the State of Texas and I must ride in a safe manner. I understand that the risks of a lengthy bicycle tour include, but are not limited to, head injuries, fractures, dehydration, heat exhaustion, heat stroke, heart attack, and other possible minor or major injuries. I consent to emergency medical treatment in the event of injury or illness. I consent to the use of my name and photograph in connection with Pedal Palacios in any form, printed or electronic. This agreement shall not be modified orally or in writing by any individual. If entrant is under 18 years of age, a parent or guardian must also sign entry. Children under 15 must be accompanied by an adult.

Rider's Signature _____