

TOUR DE PINES BIKE RIDE

Register Online @ TourDePines.org
2018 Mail In Registration Form

NAME _____
STREET _____
CITY _____
STATE _____
ZIP _____



E-MAIL ADDRESS _____

Privacy Policy Applies • Please include your e-mail address to receive a Confirmation E-MAIL Newsletter.

PHONE (_____) _____

Registration Fees

1. REGISTRATION FEES

Adults **\$40.00** (25-70 miles routes)
..... **\$50.00** (100 mile route)
Youth Riders age 17 and under **\$20.00**
Registration Fees Are Nonrefundable **ENTRY FEE** \$ _____
Fee includes Taco meal for riders Included

2. SHORT SLEEVE SHIRTS @ \$12 ea (XXL \$14ea) \$ _____

UNISEX [Sm__] [Med__] [Lrg__] [XLrg__] [XXLrg__]

3. Donation to HI-Minnesota [tax deductible 501(c)3 non-profit] \$ _____

4. Make checks payable to **HI-Minnesota** **YOUR TOTAL** \$ _____

Information

RIDE DISTANCE

What distance do you plan to ride?

___100 miles ___70 Miles ___60 Miles ___50 Miles ___25 Miles

NOTE: You can change your mind on the day of the ride.

YOUR AGE: _____ SEX: _____M _____F

Directions

- Fill out the following registration form using one form per rider in your group. Each person has to read and sign the waiver Photocopy this form if necessary.
- Make your check payable to **HI-USA**.
- Enclose all forms and your payment in the same envelope.
- Mail to: **Hostelling International**
Attn: TOUR DE PINES
2080 Long Lake Rd
New Brighton, MN 55112
- Make sure to register by deadline Tuesday, August 14, 2018

2018 Safety Pledge

READ AND SIGN THE FOLLOWING WAIVER

In compliance with laws and courtesies of Bicycling, I pledge to:

- Ride to the right of the center line and as far right on the roadway as in practical
- Obey stop signs and traffic lights unless otherwise directed by an officer or identified volunteer
- Ride no more than two abreast
- Yield right of way to emergency vehicles
- Take responsibility for my own safety
- Wear a helmet at all times while riding the Tour de Pines
- Not wear headphones for a music device

I, the undersigned, know that bicycling is a sport carrying significant risk of personal injury, I know that there are environmental conditions, and risks which in combination with my actions can cause me severe or fatal injury. I agree that as a participant, I must take an active role in understanding and accepting these risks, conditions, and hazards. I also agree that I, and not HI-USA and/or its councils, staff, volunteers and sponsors, am responsible for my safety while I participate or train for the TOUR DE PINES.

I hereby release HI-USA, its sponsors, organizers, associated entities and any or all persons connected with the TOUR DE PINES from all liability for any injuries or damages.

This statement of risk and safety pledge and signatures thereto, shall be valid for and apply to all portions of the 2018 TOUR DE PINES at this site in a contiguous period of time.

Participant Signature _____ Date _____

Parent of Guardian Signature (if under 18) _____ Date _____