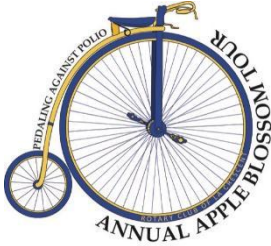


10TH ANNIVERSARY APPLE BLOSSOM TOUR



“Pedaling Against Polio”

A Living For Liz and Erin Dunlap-Mathews Event

Saturday, August 12th, 2023

7 am Registration 8 am Mass Start

Vets Park, 159 Timm Ln. La Crescent, MN 55947

For your safety, please observe all traffic laws and ride single file when cars approach.

Helmets are required for all riders. Questions? Contact appleblossomtour@gmail.com 608-385-6846

FAMILY RIDE FORM: PRIMARY RIDER INFORMATION

Name _____ Age _____ Gender _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

EMERGENCY CONTACT Name _____

Phone _____ Relationship _____ Is this person riding in the tour? YES NO

Please list names of Minors riding with you. Use space to the right for additional riders:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

ROUTE: 5 mi. Start at Vet’s Park, cross new bridge, follow Wagon Wheel trail to Shore Acres and back.

A lunch is available for purchase at Vet’s Park \$5 ea.

Total number of meals _____

PAYMENT

Please pay with check or money order and make payable to and mail to:
Rotary Club of La Crescent, 104 South Walnut St. La Crescent, MN 55947

_____ **TOTAL**

POSTMARKED NO LATER THAN AUG. 1ST

APPLE BLOSSOM TOUR 2023 WAIVER

In consideration of being allowed to participate in any way in the event, the undersigned appreciates and acknowledges that: (1) I knowingly and freely assume all risks, both known and unknown, and assume full responsibility for my participation; and (2) Pictures of participants are the property of the Rotary Club of La Crescent and may be used in future marketing of the rides (3) I, hereby release and hold harmless Rotary Club of La Crescent, their officers, officials, agents, and/or employees, volunteers, staff, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“Release”), with respect to any and all injury, disability, death or loss or damage to person or property. I have read this release of liability and assumption of risk agreement, fully understand its terms, and sign it freely and voluntarily without any inducement.

Signature _____ Date _____

CONSENT AND RELEASE OF PARENT OR GUARDIAN

(Required if participant is under 18 years of age on date of signing waiver)

Parent/Guardian Signature _____ Date _____