

**Tour De Shawnee Presented by Wood & Huston Bank
October 24, 2009
Organized by
Alexander County Tourism
Southernmost Illinois Delta Empowerment Zone**

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Telephone Number: _____

E-mail Address: _____

Entry Fee:

_____ \$20.00 per person (ages 15 & up) if registration and payment are postmarked by October 9, 2009. All applicants whose registration is post marked by October 9 (ages 15 & up) will receive a commemorative T-shirt!

Please circle size: Med Large X-Large XX-Large

_____ \$25.00 per person (ages 15 & up) if registration and payment are postmarked after October 9, 2009. T-shirt subject to availability.

(Children 14 & under are free with at least one registered adult.)

Distance you plan to ride:

100 miles _____

62 miles _____

30 miles _____

15 miles _____

Additional donation enclosed _____

Make check payable to: SIDEZ

Mail form & check to:

SIDEZ, PO Box 369, Mounds, IL 62964

Signed release required to participate
Helmets are required on all rides.

Tour the Shawnee Rider Release Form

Please Read Carefully and Sign

In consideration of the acceptance of this application and my participation in the Tour de Shawnee in Alexander County, Illinois, I hereby, for myself, my heirs, personal representatives, executors, administrators and assigns, and anyone entitled to act on my behalf, release and discharge the sponsors, directors, officials, employees and volunteers, from any kind of illness, damages or injury suffered by me as a result of my participation in or traveling to or from the Tour de Shawnee.

I know that bicycling is potentially hazardous. I should not enter the Tour de Shawnee unless I am medically able and properly trained. I assume all risks associated with riding the Tour de Shawnee, including but not limited to: falls, contact with other participants, the effect of weather, traffic, and conditions of the roads; all such risk being known and appreciated by me. I realize that bicycling is a strenuous activity which requires proper physical conditioning. I hereby certify that I am in such physical condition and in good health. I agree to wear all appropriate equipment, including a helmet at all times while riding the Tour de Shawnee.

I acknowledge that each bicycle route requires travel upon public highways and streets and that motor vehicle traffic and other uses of the highways and street will continue and be present during my participation in the Tour de Shawnee.

Adult Signature: _____ Printed Adult Name _____

Address: _____ Phone Number: _____

Printed Child's Name: _____ Address: _____

Printed Parent or Guardian name: _____

Signature of Parent or Guardian if under 18 years of age _____

Date: _____

SIGNATURE REQUIRED TO RIDE