

OFFICIAL ENTRY FORM

Tour de Picayune

SWAMP SCRUB AND WOODS BICYCLE TOUR

JULY 20, 2024 7:30 AM

**NAME _____

ADDRESS _____

E-MAIL _____ PHONE _____

EMERGENCY CONTACT NAME & ADDRESS _____

**RIDERS UNDER 18 YEARS OF AGE MUST HAVE PARENT/GUARDIAN CONSENT.

**RIDERS MUST BE AT LEAST 10 YEARS OLD BY RACE DAY. HELMETS REQUIRED.

**CONSENT FOR MINOR CHILD _____

NAME/ SIGNATURE

DATE

REGISTRATION FEES

PER ENTRANT

See 2024 TdP General information. Donations accepted. Not expected.

For non-profit Picayune Nature Club. FL Corp. FEIN #47-2683448.

Your participation is appreciated.

WAIVER AND RELEASE : I ATTEST AND VERIFY THAT I HAVE FULL KNOWLEDGE OF THE RIDE AND ITS REQUIREMENTS AND ASSUME ALL THE RISKS. I KNOW THIS EVENT IS A PHYSICAL ACTIVITY AND HAVE VERIFIED THAT I HAVE FULL MEDICAL DOCTOR APPROVAL AND HAVE TRAINED TO PARTICIPATE IN EXTREMELY STRENUOUS PHYSICAL ACTIVITIES SUCH AS THIS AND HAVE BEEN TO ACTUAL COURSE AND KNOW THE ROUTE AND TERRAIN.. I AM RESPONSIBLE FOR MY EQUIPMENT AND FOR MY ACTIONS AND THE IMPACTS THROUGHOUT THE DURATION OF THE EVENT. I WILL PAY ALL MY MEDICAL AND EMERGENCY EXPENSES INCURRED IF AN ACCIDENT, SICKNESS OR OTHER INCAPACITY OCCURS, REGARDLESS OF ANY EXPRESSED APPROVAL. FURTHERMORE, I HOLD HARMLESS ANYBODY AND EVERYBODY AT ANY AND ALL TIMES ASSOCIATED WITH THIS RACE TOUR AND ALL THE ASSOCIATED ENTITIES. I ALONE AM RESPONSIBLE FOR MYSELF AND UNDERSTAND THAT NOBODY ELSE ASSOCIATED WITH THIS EVENT IS.

SIGNATURE _____ DATE _____

(GUARDIAN /PARENT IF APPLICABLE MUST ALSO SIGN.)

PRE REGISTRATION (MAIL)

RETURN FORM AND CHECK TO:

PICAYUNE NATURE CLUB

5721 Lee Williams Rd.

NAPLES, FL 34117

OR CALL DIRECTOR AND MAKE ARRANGEMENTS. FOR ANY QUESTIONS, COMMENTS OR ASSISTANCE PLEASE CONTACT: WES WILKINS- RACE DIRECTOR

Or call or text direct to Wes- 239 280-8837 anytime.