Big Creek Fall Bike Ride
September 11, 2010

Please fill out one form for each rider.
For additional forms, go to
www.PolkCityChamber.com

Name: _____

Address:_____

City, St Zip:_____

Phone:_____

E-mail: _____

Registration Fee: **$25** _____

After Aug. 31, 2010 **$30** _____

Circle t-shirt size (add $3 for XXL):
Adult S M L XL XXL _____

Total Enclosed: _____

Credit Card Payment

☐ Master Card ☐ Visa

Name _____

Expiration _____/_____

Make Checks Payable to and Mail to:
Polk City Chamber of Commerce
PO Box 226
Polk City, Iowa 50226

Waiver

All Participants Must Sign the Waiver Below. Registration will not be accepted without a signed waiver.

In signing this release for myself and/or the named registrant, I hereby waive any and all rights for claims and damages for injuries I may incur against the organizers, businesses, or associations connected by the Big Creek Fall Bike Ride.
I realize and accept the unpredictable risks involved and hereby state that my bicycle and helmet are suitable and safe.

I have read and fully understand this waiver and will abide by the rules

Print Name:_____

Signature: _____

Date:_____

Note: Parents must sign if registrant is under the age 18. Children ages 12 and under must be accompanied by an adult.

Helmets are strongly recommended for your safety.

Sponsors

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City of Polk City
Sands Clinic of Chiropractic

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