



TOUR DE VALLEY ENTRY FORM

Waiver - In consideration of the acceptance of this registration entry, I, the undersigned, assume full and complete responsibility for any injury or accident which may occur during my (or my dependent's) participation in the ValleyFest Tour de Valley '10, and I hereby release and hold harmless and sponsors, promoters or other persons or entities associated with the event. This Agreement may not be modified orally or by any individual. I understand that a bicycle is a legal vehicle in the State of Arkansas and that I (or my dependant) must ride in a safe manner and obey all traffic laws.

Rider's Signature (Parent or Guardian's if rider is under 18 years of age)

X: _____

Date: _____ Age (rider): _____

Printed Name: _____

Address: _____

Phone: (____) _____

(Check desired ride)

Route: 20 mile ___ 40 mile ___ 100 k ___

(Check size desired)

T-shirt:

___ XXL

___ XL

___ L

___ M

___ S

Mail to:

Valleyfest Tour de Valley

P.O. Box 1477

Russellville, AR 72811

www.valley-fest.org