

RED FLANNEL Web Registration Form

(Fill in form and print)

Last Name:

First Name:

MI:

AGE:

PHONE:

Check here if this is your first Red Flannel?

ADDRESS:

CITY:

ST:

ZIP:

E-Mail Address:

Complete and mail to:

Lorain Wheelmen
P.O. Box 102
Amherst OH 44001-0102



Pre- Registration(s) @ 20.00

Late Registration(s) @ 25.00

TOTAL \$ _____

In signing this release for myself or for the named entrant (if the entrant is under the age of eighteen), I acknowledge that I understand the intent hereof, and I hereby agree to and will absolve and hold harmless the Lorain Wheelmen Bicycle Club, The League of American Bicyclist, Inc. and the City of Oberlin and their officers and members, respectively, and any other parties, including other municipalities ridden through, connected with this event in any way whatsoever, singly and collectively, from and against any blame of liability for any injury, misadventure, harm, loss, inconvenience or damage suffered or sustained as a result of participation in the Red Flannel Bicycle Tour or in any activities associated therewith. I also hereby consent to and permit emergency treatment in the event of injury or illness.

I shall abide by traffic laws and regulations and practice courtesy and safety in cycling, including the wearing of an approved helmet.

DATE ___/___/___

SIGNATURE OF ENTRANT (Parent/guardian signature required if entrant is under 18).