



Registration Form & Waiver

Name: _____ Phone: () _____ - _____
 Address: _____ City: _____
 State: _____ Zip: _____ E-mail: _____

Pre-Registration (before 9/25)*:

\$25/person
 \$10/Wilmington student

Day of Event:

\$30/person
 \$15/Wilmington student

Would you like a 2010 Tour de Farm t-shirt?

Size: S ___ M ___ L ___ XL ___ 2XL ___

Amount Enclosed: \$ _____

Make checks payable to:
Wilmington College

Would you like your children to participate in the Kids Loop & Activities for \$5?

Child's Name _____ Age _____

Child's Name _____ Age _____

Mail cash, checks and registration forms to:

1870 Quaker Way
 1145 Pyle Center
 Wilmington, OH 45177

READ WAIVER BELOW AND SIGN. NO RIDER WILL BE PERMITTED TO RIDE WITHOUT A COMPLETED WAIVER.

I hereby release and discharge Wilmington College, the Grow Food Grow Hope Garden Initiative, volunteers, sponsors, organizers and any/all persons connected with the Clinton County Tour de Farm from any and all liability for any injuries and/or damages I may sustain while participating in the tour. I acknowledge that wearing a helmet and obeying all traffic rules and regulations are required. I voluntarily execute the release with full knowledge that I will not be able to hold any of the foregoing entities liable for such injuries or death. I also understand the entry fees I pay are non-refundable and that the ride will be held rain or shine.

I know that bicycling is a sport carrying risk of personal injury. I know there are natural and man-made hazards, surface and environmental conditions and risks which in combination with my actions could cause severe or fatal injury. I agree that I must take an active role in understanding and accepting these risks, conditions and hazards and in preventing accidents from happening.

Signature: _____ **Date:** _____

**All proceeds will be donated to the Grow Food Grow Hope Garden Initiative*