



*Saturday April 8, 2017 @ 8:30am - Lampasas, Texas*

**Tour Director: Joe Corcoran (210) 326-8892**

**Start & Finish:** 8:30 am Bozarth Fowler Gym  
 Lampasas Middle School  
 South Chestnut and South Street  
 Lampasas, Texas 76550

**Categories & Wrist Band Color\*: (Circle One)**  
 9 mile - Pink  
 34 mile - Yellow  
 49 mile - Green  
 69 mile - Red

**Entry Fee:** \$35.00 per individual  
 \$45.00 the week of the race

**T-Shirts:** Available To The  
 First 100 Entries

*\*Colored wrist band entitles you to food and soft drinks.*

**Mail Entry Form To:**

Vision Lampasas  
 Po Box 211  
 Lampasas, Texas 76550  
 Office Phone: (512) 525-1871

Or Register online at [BikeReg.com](http://BikeReg.com)

A complete description of the event, things to do in Lampasas and maps of the ride can be viewed on our Facebook page

<https://www.facebook.com/lampasashillaciousbiketour/>  
[www.VisionLampasas.Com](http://www.VisionLampasas.Com)

Proceeds benefit Vision Lampasas murals and other local projects.

**ENTRY FORM:**

**NAME:** \_\_\_\_\_ **Age on Race Day:** \_\_\_\_\_ **Circle One: Male / Female**  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**T-SHIRT SIZE (CIRCLE ONE):**  
 SMALL MEDIUM LARGE X-LARGE XX-LARGE

**SIGN RELEASE FORM ON PAGE TWO & RETURN WITH ENTRY**

**For Event Staff Only:**

Smithville LBJ Kerrville Bike Shop Round Top

**This Waiver is a Contract with Legal Consequences. Please Read Carefully before Signing.  
You cannot pick-up your packet or participate without a Signed Release.**

**In consideration of my participation in the bicycle tour event known as the “Lampasas Hillacious Bike Tour” which will be held on Saturday, April 9, 2016, I hereby agree and acknowledge that I am assuming risks and agree to indemnify, not to sue, and release from liability the Lampasas Hillacious Bike Tour Committee, the City of Lampasas, Texas, the County of Lampasas, Texas, and their employees, volunteers, members, board, sponsors, promoters and affiliates, and that I am giving up substantial legal rights. I have read it carefully before signing and I understand what it means and what I am agreeing to. I fully realize the dangers of participating in a bicycle event and fully assume the risks associated with such participation, by way of example of and not limitation, the following: the dangers of collision with pedestrians, vehicles, other riders, and fixed or moving objects arising from surface hazards, equipment failure, inadequate safety equipment, weather conditions, and the releasee’s own negligence, the negligence of others and the possibility of serious physical and/or mental trauma, death, or injury associated with athletic cycling events. I hereby waive, release and discharge for myself, my heirs, executors, administrators, legal representative, signers, successors any and all rights and claims which I have or which may hereafter accrue to me against the Lampasas Hillacious Bike Tour Committee, its members, volunteers and sponsors of the event, organizers, and any promotion organizations, medical providers, property owners, law enforcement agencies, all public entities, special districts and properties (and their respective agents, officials, and employees).**

**I understand that still and video images of me may be taken in conjunction with the Lampasas Hillacious Bike Tour and agree that they may be used to promote the Lampasas Hillacious Bike Tour and sponsors.**

**I agree it is my sole responsibility to be familiar with the ride and operation of my bicycle so as to neither endanger others or myself. I accept responsibility for the condition and adequacy of the equipment I use to participate in the Lampasas Hillacious Bike Tour. I will wear an ANSI approved helmet at all times while riding my bicycle during this ride. I have no physical or mental condition which, to my knowledge, would endanger others or myself. I understand and agree with the terms & conditions of this Waiver and Release.**

**Weather Contingency: I fully understand and accept that the Lampasas Hillacious Bike Tour ride is a rain or shine event. Should weather events dictate road conditions are unsafe, ride distances may be shortened or re-routed. If the weather is deemed too severe to ride a bicycle safely, the event will be canceled. There are no refunds of the entry fee.**

**I have read and I agree to the stated terms and conditions above.**

**Print Name of Cyclist: \_\_\_\_\_**

**Signature of Cyclist: \_\_\_\_\_ Date: \_\_\_\_\_**

**Parent or Guardian if under 18:**

**I have read and agree to the stated terms and conditions above and hereby acknowledge the authorization of my \_\_\_\_\_ [relationship], [name] \_\_\_\_\_ to participate in this event. I also authorize the medical treatment for any injuries sustained during this bicycle tour in Lampasas County.**

**Print Name [Parent/Guardian]: \_\_\_\_\_**

**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_ Phone: \_\_\_\_\_**