

# SepTimber Ride

## OFFICIAL ENTRY FORM 2017

(One participant per form. This form may be duplicated.) PLEASE PRINT.

Where did you hear about the SepTimber Ride:

\_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone.: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  M  F

In case of emergency during the ride call:

Name: \_\_\_\_\_ Ph.: \_\_\_\_\_

**T-SHIRT (unisex sizes):**  S  M  L  XL  XXL

### RIDE OPTION:

50K Northwoods Road Ride  Trail Ride

### ENTRY FEES:

*SepTimber Ride Cost:*

\$40 by 8/1/17 or \$50 by 9/9/17      \$ \_\_\_\_\_

TOTAL (enclosed with form)      \$ \_\_\_\_\_

**PLEASE READ AND SIGN THIS WAIVER.**

**Then enclose payment and mail to the address listed below.**

WAIVER: Participating in the SepTimber Ride can be a serious threat to the health of participating individuals, especially to those who have not trained or are not in excellent health. Those participating should check with their physician prior to participating in the SepTimber Ride.

Knowingly and at my own risk I am applying to enter the SepTimber Ride. I myself, executors, administrators, heirs and assignees and anyone entitled to act on my behalf do hereby waive and release any and all actions, claims, injuries, demands, liabilities, loss, damage or expenses of whatever kind and nature including, but not limited to, attorney fees, which may at any time be incurred by reason of my participation in or my preparation for any of the aforesaid events as a result of my participating in the SepTimber Ride. I myself and anyone entitled to act on my behalf also do hereby waive and release any and all actions, claims, injuries, demands, liabilities, loss, damage or expenses of whatever kind and nature against the SepTimber Ride, the City of Eagle River, Town of Lincoln, Town of Washington, Town of Cloverland, Town of Conover, Town of Three Lakes, Vilas County, Three Eagle Trail, Tara Lila, LLC, Three Lakes Winery, Tribute Brewing Company and Taphouse, Greater Headwaters Trails Foundation, the Eagle River Area Chamber of Commerce and Visitors Center, all sponsors or any employee, volunteer, official or elected official of these organizations. I assume all risks associated with riding in this event including, but not limited to, falls, contact with other participants, the effects of the weather, traffic, and the conditions of the road, all such risks being known and appreciated by me. I further hereby certify that I have full knowledge of the risks involved in this event and I am physically fit and have sufficiently trained to participate. If, however, as a result of my participation in the SepTimber Ride, I require medical attention, I hereby give my consent to provide such medical care as is deemed necessary by authorized personnel.

I grant to the SepTimber Ride and its sponsors the exclusive right to the free use of my name, my voice and/or my picture in any broadcast, advertising, promotion or other account of this event.

Signature \_\_\_\_\_

(MUST be at least 21 years of age)

Date \_\_\_\_\_

Make check payable to:  
Eagle River Area Chamber of Commerce

and mail to:  
Eagle River Area Chamber of Commerce & Visitors Center  
P.O. Box 1917-SR  
Eagle River, WI 54521-1917  
Phone: 800-359-6315