

Tour de Fort Sill Cycling Event Registration Form NAME: _____ AGE: ____ GENDER: _____

CITY, STATE, ZIP: ______ EMAIL: _____ EMAIL: _____ TOTAL PAYMENT: _____

LIABILITY WAIVER: PLEASE READ BEFORE SIGNING.

I know that participating in a cycling event is potentially hazardous. I should not enter unless I am medically able and properly trained. I know that traffic control is provided, but there is a possible danger. I assume the risk of cycling in traffic. I also assume any and all other risks associated with the cycling event, including weather, contract, road conditions and all other risks known and appropriated by me. I agree to yield to emergency vehicles. I hereby for myself, my heirs, my executors, or anyone who might claim on my behalf, convenient not to sue, and waive and release the Fort Sill's Family and Morale, Welfare and Recreation Directorate, USAF&F/Oklahoma, the Fort Sill installation, race officials, volunteers and any sponsors from any claim or liability for death, personal injury or property damage arising from my race participation. The undersigned grants full permission for Fort Sill's Family and Morale, Welfare and Recreation Directorate and/or sponsors to use any photographs or video tapes of this event. Applications for minors will be accepted only with the signature of a parent or guardian.

SIGNATURE: _____ DATE: _____ DATE: _____ DATE: _____

AT LAKE ELMER THOMAS RECREATION AREA (7463 DEER CREEK CANYON ROAD, FORT SILL, OKLAHOMA)











