KIDS RACE Official Entry Form

P l e a s e P r i n t C l e a r l y

_____ _____
First Name (participant) Last Name

_____
Address

_____ _____ _____
City State ZIP

(_____) _____
Day Phone

(_____) _____
Evening Phone

__ Male __ Female Age_____

Release and Hold Harmless Agreement:
In signing this release for myself and or for the named (if the entrant is under the age of 18) I acknowledge That I understand the intent hereof and hereby agree to and will absolve and hold harmless the State of Kansas, The Tour of Lawrence, The Lawrence Bicycle Club, United States Cycling Federation, The City of Lawrence, Free State Racing, The Lawrence Conventions & Visitors Bureau, The Lawrence Parks and Recreation Department, Douglas County, and other jurisdictions through which the routes pass, and any other parties or sponsors connected with this event in any way whatsoever, singly or collectively, from any blame or liability for injury, misadventure, harm, loss, inconvenience or damage suffered or sustained as a result of participation in The Tour of Lawrence Kids Race or in activities associated therewith. I also hereby consent to and permit emergency treatment in the event of injury or illness.

_____ _____
Signature *(Signature of Parent or Guardian or Adult Sponsor, if rider is under 18)* Date

Kids Race Sponsor

Lawrence Bicycle Club