Come Ride with US!

Help KIWANIS help others through your participation in the Tour de Tangipahoa!

HAMMOND KIWANIS CLUB

28TH ANNUAL Tour de Tangipahoa 2021

SEPTEMBER 18, 2021

CHECK IN AT: SLU University Center **6:00 a.m.**

Located on: *University Drive*

Tour Starts: 7:30 a.m. for 60-mile ride;
8:30 a.m. for 30-mile ride

Lunch served starting at 10:00 a.m.

Fees: $35 for 30-mile and 60-mile events
($40 after September 13th)

Included: T-Shirt, drinks and meal
Non-riders: meal, drinks and t-shirt - $10

Hammond Kiwanis Club 2021 Tour Registration Form - **(PLEASE PRINT ALL INFORMATION LEGIBLY)**

Name _____ Rider # *(assigned on-site)* _____

Address _____

City _____ State _____ Zip _____

Email _____

Route: ❑ 30-mile ❑ 60-mile Fee: ❑ Pre-Paid $35 ❑ After Sept.13th $40

Shirt Size: ❑ SM ❑ MED ❑ LG ❑ XLG ❑ XXL ❑ $10 (t-shirt, meal, drinks) Non-riders only

Waiver of Liability

I agree that it is my responsibility to obey all applicable regulations, rules, and laws while participating in this event. I hereby waive, release, and discharge any and all claims for damages from death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in this bicycle tour conducted by the Hammond Kiwanis Club. This release is intended to discharge in advance any claims for damage against the Hammond Kiwanis Club, the City of Hammond, the Tangipahoa Parish Sheriff's Office and Parish Council, North Oaks Medical Center, Acadian Ambulance Service, the Louisiana Massage Therapists Association, and any club member, employee, agent or entity acting on their behalf from and against all liabilities arising out of or connected in any way with my participation in the bicycle tour or carelessness on the part of the persons or entities mentioned above. I further understand that serious accidents may occur during bicycle tours and as a result participants in bicycle tours may sustain mortal or serious injuries, and/or property damage. Knowing the risks of bicycle riding, nevertheless, I hereby assume those risks and to release and hold harmless all the persons or entities mentioned above who might otherwise be liable to me or my heirs or assigns for damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

Rider's Signature _____ Date _____

If you belong to a Bicycle Club, please complete the information requested below:

Club Name _____

Address _____ City _____ Zip _____

Contact Person _____ Phone # _____

To Pre-register, send check to:
Hammond Kiwanis Club
P.O. Box 2944
Hammond, LA 70404

For further information, please contact:
Judy Couvillion: 985-345-8127
or 985-507-7312
Email: blaise47@att.net

Website:
www.HammondKiwanis.org
Phone # on DAY OF TOUR
985-507-7312