



Pedal Palacios
SATURDAY, OCTOBER 28, 2017

A BP MS-150 Recommended Ride
benefitting Palacios Chamber of Commerce Promotional signage for the City of Palacios

Start Time: 8:00 am (12-mile at 9 am)

Registration & Packet Pickup: 4:00 p.m. to 7:00 p.m. Friday, Oct. 27th, and 6:30 a.m. to 9:00 a.m., at Outrigger Event Center, 515 Commerce (6th St. and Commerce) and Saturday, Oct. 28th, at 4th Street Pier (4th St. and South Bay Blvd.) Pre-registered riders can also pick up at select Sun 'n Ski locations – for more information, call Debbie Morris at 361-920-6212.

Start Location: 4th Street Pier, (South Bay Blvd.) Palacios, Texas.

Complete this form, sign the Waiver, enclose your check payable to PEDAL PALACIOS and mail to Palacios Chamber of Commerce, 420 Main St., Palacios, TX 77465.

Last Name _____ First Name _____

Address _____ City _____ St _____ Zip _____

Home Phone _____ Cell Phone _____ Cell on the ride? Y N

Date of Birth _____ Email _____

Do you ride with a team? Y ___ N ___ If so, team name _____

Emergency Contact Name and Phone # _____

Your expected Ride length: 60-miles _____ 36-miles _____ 12-miles _____

Choose one:

_____ \$35 early registration fee – must be received prior to Sept. 23rd (to guarantee T-shirt)

_____ \$40 registration fee – Sept 23rd through October 27th

_____ \$50 registration fee – day of the Ride

_____ I cannot make the ride, but enclose my donation of \$ _____. Thank you!

Rider T-shirt size: S ___ M ___ L ___ XL ___ XXL ___

Please circle if registrant will attend the **free** Shrimp Boil in City Park at 11:00 a.m. Yes No
I will need _____ extra tickets to the Shrimp Boil and am enclosing an additional **\$15 each**.

Waiver. In consideration of the acceptance of this registration, I, the undersigned, acknowledge that my participation in Pedal Palacios is voluntary and assume full and complete responsibility for any injury or accident which may occur during my participation. I certify that I am sufficiently experienced to ride in the Pedal Palacios Ride. I hereby release and hold harmless the sponsors, promoters, event partners, National Multiple Sclerosis Society, National Multiple Sclerosis Society Lone Star Chapter and all other persons and entities associated with the event from any and all claims, demands or causes of action as a result of any injury or damage whether caused by myself or by the negligence, in whole or part, of the sponsors, promoters, event partners or any other persons or entities associated with the event. I agree to wear a helmet and assume responsibility for its selection. I understand that a bicycle is a legal vehicle in the State of Texas and I must ride in a safe manner. I understand that the risks of a lengthy bicycle tour include, but are not limited, to head injuries, fractures, dehydration, heat exhaustion, heat stroke, heart attack, and other possible minor or major injuries. I consent to emergency medical treatment in the event of injury or illness. I consent to the use of my name and photograph in connection with Pedal Palacios in any form, printed or electronic. This agreement shall not be modified orally or in writing by any individual. If entrant is under 18 years of age, a parent or guardian must also sign this entry. Children under 15 must be accompanied by an adult.

Rider's Signature _____

Parent or Guardian's Signature, if rider under the age of 18 _____