

EL TOUR DE TUCSON

Presented by Casino Del Sol Resort



Shay's vision aims to inspire visually impaired children and teens to be physically active and productive members of their community through tandem biking, improving overall health and well-being of these individuals. Shay's Vision will provide these young people the opportunity to experience the freedom and excitement that comes with riding a bicycle.

THREE FUN RIDES

- 11-mile course
- 5-mile course
- 1/4-mile course

AWARDS & PRIZES

(Youth 12 & Under)

- Fun Ride Medallion
- *The Tucson Medical Center* Best Decorated Bike Contest
- *The Tucson Medical Center* Helmet Decorating Contest
- Entered in a drawing to win a youth BMX bike

HOTELS

The best rates available!
El Tour's Host Hotels!

Visit El Tour's
ACCOMMODATIONS link:
perimeterbicycling.com/el-tour-de-tucson

Online reservations are being
accepted NOW!

Room blocks are limited and
fill up fast.



Tucson Medical Center
EL TOUR FUN RIDE

presented by McDonald's

A ride for cyclists of all ages and skill levels on road bikes, mountain bikes, BMX, tandems, wheelchairs, handcycles, or any human-powered cycle.

Ride 11, 5, or 1/4 miles

8:30 a.m. at the El Tour Start Line

SATURDAY, NOVEMBER 21, 2015

FEES & CONTRIBUTIONS

To ride for Shay's Vision in the 2015 El Tour Fun Ride, all cyclists pay a \$25 Entry Fee and are encouraged to collect an additional \$50 or more in contributions for Shay's Vision. Entry fees are not tax-deductible; contributions may be tax-deductible as allowed by the I.R.S.

- To register, send \$25 Entry Fee and your collected contributions with your application by November 11, 2015. Registration closes November 11. Sorry, no refunds.
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FUN RIDE EVENT BENEFITS

- Event Entry & Packet
- Fun Ride Medallion upon finishing
- T-shirt
- Entry to El Tour Bicycle, Fitness and Health Expo
- Route Support including water stops

EL TOUR FUN RIDE APPLICATION

Name _____
 Address _____
 City _____ State _____ Zip _____
 E-mail Address _____
 Emergency Contact _____ Emergency Phone _____
 Sex _____ Birth Date _____ Age _____
 Home Phone _____ Cell Phone _____

El Tour T-Shirt Size (check one): Youth M (10-12) Adult S M L XL XXL XXXL

Please answer all the following questions:

- Check the distance you will ride: () 11-mile () 5-mile () 1/4-mile
- How much are you enclosing now? (*Read Fees & Contributions*)

Entry Fee	\$25
Contributions*	
TOTAL ENCLOSED:	
All checks and money orders made payable to Shay's Vision.	

*All contributions must be received by November 11, 2015.

- Please check that you read and agree to the following:**
 - () CPSC-approved helmet must be worn by all participants
 - () No assisted or motorized bicycles
 - () No aero-type handlebars
 - () Rider or parent/guardian of rider must sign Release of Liability Waiver at Expo/Package Pick Up

REGISTRATION INSTRUCTIONS

Mail completed application with Entry Fee (\$25) and any additional contributions by November 11, 2015 to:
Shay's Vision • PO Box 1321 • Sahuarita, Arizona 85629
All checks and money orders are made payable to Shay's Vision.

For more information:
520-508-0883 shaysvision@yahoo.com www.shaysvision.com

2015

El Tour Fun Ride

Participant/Parent/Guardian Hold Harmless Agreement

I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages, including, but not limited to, the loss of bicycle, helmet or any other personal items, I may have against the State of Arizona, Arizona Department of Transportation, Arizona Department of Public Safety, City of Tucson, Pima County, Perimeter Bicycling Association of America, Inc., Tucson Medical Center, Girls on the Run of Tucson, any and all governmental and tribal agencies, volunteers, any and all sponsors and their representatives, successors and assigns for any and all injuries suffered by me or and/or my child/children/wards as a result of taking part in this bicycling event and any related activities. I attest that I and/or my child/children/wards will participate in this event as a bicycling entrant; I/he/she will wear a CPSC-approved bicycle helmet; is physically fit and able to complete this event. Further, I hereby grant full permission to any and all the foregoing to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand all fees and collected contributions are not refundable, nor transferable. Rider Numbers are also not transferable.

Rider's Signature _____ Date _____

Parent/Guardian (*if rider is under 18*) _____ Date _____