

# 2015 EVENT REGISTRATION MAIL-IN FORM

(accepted until August 10, 2015)

7<sup>TH</sup> ANNUAL | FUNDRAISER

BEAVERTON  
BANKS &  
BEYOND BIKE  
TOUR

32 | 64 | 86 | 100 | MILE ROUTES

**SATURDAY**  
**AUGUST 15, 2015**

STARBUCKS  
PAPA'S PIZZA PARLOR  
A Slice of Family Fun!

INFORMATION | REGISTRATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Beaverton, Banks, and Beyond Bicycle Tour – day of ride: .....\$35.00**

**Lunch at Papa's Pizza? .....\$7.00**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Turkey on white | <input type="checkbox"/> Roast Beef on white | <input type="checkbox"/> Veggie on white |
| <input type="checkbox"/> Turkey on wheat | <input type="checkbox"/> Roast Beef on wheat | <input type="checkbox"/> Veggie on wheat |
| <input type="checkbox"/> Cheese Pizza    | <input type="checkbox"/> Pepperoni Pizza     |  |

**Make checks payable to:**

NW Bicycle Safety Council  
4804 NW Bethany Blvd.  
Suite I2, PMB 250  
Portland, OR 97229-9260

**Additional Donation:**

- |   |                               |                               |
|---|-------------------------------|-------------------------------|
| <input type="checkbox"/> \$30           | <input type="checkbox"/> \$40 | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> Other \$ _____ |                               |                               |

**TOTAL \$ \_\_\_\_\_**

**Waiver and Release:** In consideration of my entry in Beaverton, Banks, and Beyond Bike Tour, I, for myself, my heirs, executors, administrators and assigns, waive, release, and discharge any and all rights, claims, or damages against NW Bicycle Safety Council and all participating sponsors and directors, volunteers, employees or agents of such, for all claims, demands, actions, or causes incident to my event participation at the forthcoming ride. I attest and verify that I have full knowledge of the risks involved in this event, that I assume those risks; that I will assume and pay my own medical and emergency expenses in the event of an accident, illness, or other incapacity; that I am physically fit and sufficiently trained to participate in this event; that my donation is nonrefundable, and that I have read and understand this waiver is a total and complete release to NW Bicycle Safety Council for any and all damages or injuries that I might incur as a participant. **Entries cannot be accepted without a valid signature. Entries from minors will only be accepted with a parent or legal guardian's signature.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent or Legal Guardian on behalf of minor child

\_\_\_\_\_  
Date