



"Tour Da Valley"  
 FREE YOUTH MOUNTAIN BIKE EVENT  
 REGISTRATION FORM  
 SEPTEMBER 7, 2008

FIRST NAME: \_\_\_\_\_ ( ) MALE  
 LAST NAME: \_\_\_\_\_ ( ) FEMALE  
 MAILING ADDRESS: \_\_\_\_\_ AGE \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_  
 ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

EVENT ENTERING

Age 7 and Under	1 Mile	Male _____	Female _____
Age 8 to 10	1 Mile	Male _____	Female _____
Age 8 to 10	2 Mile	Male _____	Female _____
Age 11 to 13	2 Mile	Male _____	Female _____
Age 8 to 10	5 Mile	Male _____	Female _____
Age 11 to 13	5 Mile	Male _____	Female _____
Age 14 to 16	5 Mile	Male _____	Female _____

**WAIVER**

In consideration of my participation in this event, I for my self, my heirs, executors, waive all rights and claims for damages I may have against the Friends of Valley Spur or the Anna River Pedalers or Tour da Valley, the sponsors of this event (representatives, successors and assignees for any and all injuries suffered by me at said event, or which may arise out of my traveling to, participating in, and returning from this event. I further state that I am in proper physical condition to compete in this event. If needed, I authorize race officials to seek medical attention on my behalf. I also agree to the use of any photos taken of myself during the event for use in commercial or promotional marketing and advertising in this or future events. The event coordinators reserves the right to modify, shorten or delay the start time of the event if the trail conditions warrant (i.e. very heavy rain or threatening weather on the event weekend.)

**ALL YOUTH PARTICIPANTS MUST HAVE A PARENT / GUARDIAN SIGNATURE TO PARTICIPATE IN THE EVENT**

\_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date  
 (Parent / Guardian Signature)

Mail completed form to: Tour da Valley c/o Anna River Pedalers  
 PO Box 523 Munising, Michigan 49862

Questions: Email [contact@annariverpedalers.org](mailto:contact@annariverpedalers.org)