



# 31<sup>ST</sup> El Tour de Tucson

*presented by CASINO DEL SOL RESORT*

## Indoor El Tour Application



Please complete all information on the form, sign Rider Waiver and mail to Arizona Chapter of the American Parkinson Disease Association (APDA Arizona) along with your check or money order for \$20.00 to be officially registered in this event. All collected contributions are tax deductible as allowable by the IRS. All participants will receive a receipt acknowledging contributions and fees paid.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Country \_\_\_\_\_

Primary Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Occupation \_\_\_\_\_

T-Shirt Size ☐ Youth Medium ☐ S ☐ M ☐ L ☐ XL ☐ 2X ☐ 3X

**(1) Which Indoor El Tour challenge are you registering for?**

- ☐ 111 minutes – Platinum Medallion
- ☐ 85– 110 minutes - Gold Medallion
- ☐ 60 – 85 minutes - Silver Medallion
- ☐ 42– 60 minutes – Bronze Medallion
- ☐ 10 – 42 minutes – Fun Ride Medallion

**(2) Locate a stationary bicycle or bicycle trainer. Set it up in your home, office or go to a location that already has one like a fitness center, hotel gym, school, or a local bike shop. You can ride in the Indoor El Tour anytime during the week of El Tour, from November 16, 2013 through November 23, 2013 by 6:00 p.m.**

**(2) Where will you be doing your Indoor El Tour?**

\_\_\_\_\_

**(3) What type of stationary bicycle are you using?**

- ☐ LeMond Fitness Bicycle ☐ lifecycle
- ☐ Bicycle on Trainer ☐ Handcycle
- ☐ Spin Bicycle ☐ Bicycle on Rollers
- ☐ Other (please specify) \_\_\_\_\_

**NO REFUNDS.  
REGISTRATIONS ARE NOT TRANSFERABLE**

Registration Fee \$ **20.00**

Contributions \$ \_\_\_\_\_

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

*Please make check payable to APDA Arizona.*

## RIDER WAIVER

**Notice to all riders of Indoor El Tour:** All Riders Must Read and Sign This Form and mail to Arizona Chapter of the American Parkinson Disease Association (APDA Arizona) along with application and payment in order to be officially registered for this event.

In consideration of my signing this 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 my personal items, I may have against Perimeter Bicycling Association of America, Inc., Arizona Chapter of the American Parkinson Disease Association (APDA Arizona), any and all governmental and tribal agencies, and any and all beneficiaries, any and all sponsors and their representatives, successors, and assigns for any and all injuries suffered by me as a result of taking part in this bicycling event and any related activities. I attest that I will participate in this event as a bicycling entrant; that I am physically fit and have sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed medical doctor. 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. Furthermore, I am responsible for all my personal items including, but not limited to cameras, cell phones, clothing, etc.

I understand that all fees and collected contributions are nonrefundable, nor transferable. Registrations are also not transferable. My signature below signifies that I am in full agreement to all of the terms and conditions listed above.

Rider's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (if rider is under 18) \_\_\_\_\_

Date: \_\_\_\_\_

Please mail application with fees and contributions to:

**APDA Arizona  
P.O. Box 40067  
Tucson, AZ 85717-0067**

*Please make sure your waiver is signed*

**For more information:**

**520-626-5055**

**info@apdaarizona.org**

**www.apdaarizona.org**

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