

El Paso Holocaust Museum and Study Center
2011 Tour de Tolerance
Sunday, Oct. 16

Downloadable Registration Form

First Name: _____
Last Name: _____
Address: _____
City: _____ State:___ Zip: _____
Day Phone: _____
Evening Phone: _____
Email address: _____

Female___ Male___ Age Race Day:_____

*** T-shirts will be distributed on a first-come, first-served basis.*

Event Prices:

\$30 for all bike rides and 5K Run/Walk (\$35 after Oct. 7)

\$60 Family of 5 for the 10K Ride (\$70 after Oct. 7)

** A \$10 discount will be available to military personnel, seniors and Museum members.

There will be no Race Day registration.

Choose your event (check one)

- ____ 100 K Bike Ride
____ 50 K Bike Ride
____ 10 K Bike Ride
____ Family 10 K Bike Ride (Please list names and ages of participants)
1. _____
2. _____
3. _____
4. _____
5. _____
____ 5 K Run/Walk
____ Meal Only (\$10)

** Checks should be made to the El Paso Holocaust Museum.

Registration forms should be mailed to:
Race Adventures
3233 N. Mesa, Suite 205
El Paso, Texas 79902

Participant Waiver

All participants must read, sign and return this form to the Museum prior to Oct. 16, 2011.

As a participant of the Tour de Tolerance, I will obey all laws of the State of Texas, State of New Mexico and Fort Bliss which may apply to any activities during this event, especially traffic laws. I recognize that all traffic signals, devices and other traffic rules apply to me during this event. Unless instructed to the contrary by a law enforcement official, I will comply with all traffic regulations.

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 rights and claims for damages, including, but not limited to, the loss of my bicycle, helmet or any other personal items, I may have against the State of Texas, Texas Department of Transportation, Texas Department of Public Safety, State of New Mexico, New Mexico Department of Transportation, New Mexico Department of Public Safety, Fort Bliss, City of El Paso, El Paso County, El Paso Holocaust Museum and Study Center, any and all governmental and tribal agencies, and any and all sponsors and their representatives, their successors, and assigns for any and all injuries suffered by me as a result of taking part in this event and any related activities.

I attest that I will participate in this event and I will wear an approved bicycle helmet and that I am physically fit and have sufficiently trained for the completion of 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.

Furthermore, I am responsible for all of my personal items, including, but not limited to cameras, cell phones, clothing, bicycles, etc...

I understand all of the fees and collected contributions are not refundable nor transferable.

Signature: _____

Date: _____

Guardian's signature for participants under 17:
