



Sunday October 18, 2009

An event to benefit the El Paso Holocaust Museum and Study Center

Registration Form

First Name:

Last Name:

Address:

City: State: Zip:

Male Female Date of Birth:

Day Phone:

Evening Phone:

Email address:

Please note: Tshirts will be distributed on a first-come, first-served basis.

CHOOSE YOUR EVENT (check one)

- 100K bike ride
- 50 K bike ride
- 10K bike ride
- Family 10K bike ride
- 5K run/walk
- 1-mile fun walk

5K AWARD AGE CATEGORIES

14 & under, 15 -19, 20-29, 30-39,40-49, 50-59,60-69,70+

Note: For Family 10K Bike Ride please list names and ages of all participants at bottom of registration form.

Registration Form, cont.

Participant Waiver

All participants must read, sign and return this form the Museum prior to Oct. 18, 2009.

As a participant of the Tour de Tolerance, you must obey all laws of the State of Texas, State of New Mexico and Fort Bliss which may apply to your activities during this event, especially traffic laws. All traffic signals, devices and other traffic rules apply to you during this event. **Unless instructed to the contrary by a law enforcement official, you must comply with all traffic regulations. Tour de Tolerance closes at 2 p.m. on Sunday, Oct. 18, 2009, and all course support will be closed. By signing this waiver, you agree to be totally responsible for your own safety and support after 2 p.m. on that day.**

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 all 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 as a bicycling entrant; I will wear an approved bicycle helmet; 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, 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, bicycles, etc.

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

Participant's signature: _____

Date: _____

Parent/guardian (if participant is under 18): _____

Registration forms should be mailed to:

Race Adventures

3233 N. Mesa, Suite 205

El Paso, Texas 79902

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