Fill out this form for each rider and sign the waiver below then do the following.

## Mail To: Dandy Daffodil Tweed Ride, PO Box 1201, La Conner, WA 98257 Make Checks Payable to: Sprocket Science LLC

FIRST NAME																		
Last Name																		
Date of Birth								Age					Μ	F				
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	(You will r	eceive a	a confir	matio	n via ei	mail)												
<b>E</b> MERGENCY																		
Contact																		

## WAIVER & RELEASE (please read and sign below)

ASSUMPTION OF ALL RISKS BY THE ENTRANT: With the full knowledge and appreciation that bicycle riding is a hazardous activity and in consideration of your accepting this entry, I, intending to be legally bound for myself, my heirs, executors, and administrators, waive and release any and all rights of claim for damages as I may have against the Dandy Daffodil Tweed Ride organizers or the sponsors, their agents, and towns, counties and state in which the event is run, their representatives, successors, and assigns, for any and all injuries and/or property damage suffered by me in said event, and for the same consideration, the undersigned parent or guardian hereby indemnifies and agrees to hold the Dandy Daffodil Tweed Ride organizers or the sponsors, their agents, harmless from any and all liabilities which may occur by the entry of the applicant in the Dandy Daffodil Tweed Ride event.

Signature of Entrant	Date
(All participants must sign Parent or quardian m	oust sign for ners ons under 18 years of age )

FEE SCHEL	JULE
ENTRY: Individual \$10	\$
DAY OF EVENT Additional \$1	\$
Children riding on Tag-Alo Burleys, etc. are required to be registered.	-
AMOUNT PAID:	\$

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Checks Payable to: Sprocket Science LLC

## WWW.DANDYDAFFODIL.COM