

Dassel Red Rooster Days Bike Ride Registration Form

Name _____ Male ____ Female ____

Mailing Address: _____

City _____ State _____ Zip _____

Phone: _____ Email Address: _____

Emergency Contact and #: _____

Circle ride participating in:

17 Mile Bike Ride 7 Mile Bike Ride

Please read and sign: I enter this ride totally at my own risk and hereby waive all claims that I or my heirs have against all sponsors, ride directors, and all associated with this ride for any injuries or problems I may sustain, regardless of negligence. I am totally responsible for my safety and any injury I may suffer.

Signature _____ Date _____

Parent Signature (if under 18) _____ Date _____

Circle T-shirt size:

Adult XXL Adult XL Adult L Adult M Adult S

Youth L Youth M Youth S

Please mail \$5 entry fee to:

**Red Rooster Ride
70057 250th St.
Dassel, MN 55325**

Make check payable to: Red Rooster Days

For more information if needed, please email: redroosterride@gmail.com