

Tour de Cedar Falls Mail Order Registration Form

Tour de Cedar Falls Evening Social - Friday, April 20, 2018 6-8:30pm

SingleSpeed Brewing Bike Lounge, Waterloo, IA

Please join us for a fun evening to kick off the Tour de Cedar Falls with raffles for prizes, 50/50 raffle, t-shirt pick-up, and route maps will be available for the bike ride and 5K at SingleSpeed Brewing Bike Lounge, 325 Commercial Street, Waterloo, IA. The drawing for the 50/50 raffle will take place at 8:00 p.m. along with the closing of the silent auction.

Tour de Cedar Falls - Saturday, April 21, 2018 Registration begins at 8am

Pfeiffer Springs Park, 900 Grand Blvd., Cedar Falls, Iowa

This event will be held rain or shine and no refunds will be given, so please dress for the weather.

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone Number _____

Please select the event you will be participating in:

_____ Bike Ride

_____ 5K

_____ Walk

Please select t-shirt size:

Small _____, Med _____, Large _____, XL _____, 2XL _____

Payment:

_____ : Free - All events are free for those on the autism spectrum.

_____ : \$25.00 - Bike Ride (Includes t-shirt)

_____ : \$25.00 - 5K (Includes t-shirt)

_____ : \$15.00 - 1-mile walk (Includes t-shirt)

_____ : \$25.00 - Virtual Participant (Must pick up t-shirt or find someone to pick it up for you)

_____ I would like a UNI race buddy to ride, run, or walk with me. Your buddy will be waiting to meet you at registration. Is there anything you would like your buddy to know about you before they meet you?

Autism Society of Iowa PARTICIPATION WAIVER. Autism Society of Iowa 2nd Annual Tour de Falls bike ride, 5K Run and Walk in Cedar Falls, IA, April 21, 2018. I understand and acknowledge there are inherent risks in riding and running a road race or run/walk. I assume all risks, known or unknown, associated with participation. I have read this waiver and knowing these facts and in consideration of your accepting entry. I, for myself, my heirs, executors and administrators, do hereby waive, release and discharge Autism Society of Iowa (ASI), its agents, employees, board and all race volunteers, City of Cedar Falls, IA and all sponsors, their representatives and successors, from all claims and liabilities of any kind resulting from or arising out of my participation, including personal injury or damage suffered by me or others, even though such claims of liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I further state that I have adequately trained and am in suitable athletic condition to compete in this event. In addition, I acknowledge and accept the waiver and release for minors under 18, minors may not register themselves. Lastly, I give full permission to this event and their sponsors and corporate sponsors to use any photographs, videotapes or other recordings of me or authorize the release of said minor that are made during the course of this event. By registering you are agreeing to the rules and conditions of this waiver.

**Please mail completed form and payment to:
Autism Society of Iowa, P.O. Box 65311, West Des Moines, IA 50265**