

NORTH CAROLINA PICKLE FESTIVAL

TOUR DE PICKLE

2020 ENTRY FORM

*****Pre-registrations must be received by March 15, 2020 to guarantee Official Tour de Pickle Shirt on Ride Day.**

Name: _____

Address: _____ City, State, Zip: _____

Phone: (____) _____ Cell: (____) _____ Age on Event Day: _____

Email: _____

Group or Organization: _____

Please check event:

____ 25 Miler ____ 50 Miler ____ 75 Miler

Tour de Pickle Tee Shirt Information:

Long sleeved moisture-wicking tee

____ Adult Small ____ Adult Med ____ Adult L

____ Adult XL ____ Adult 2XL ____ Adult 3XL

Pre-registered Riders: \$30 / Rider

Registration after March 15: \$45 / Rider

Total Enclosed: \$_____ If you are paying for more than one registration, please list all names here:

All riders must sign form. If under 18 years of age, a parent or guardian must complete and sign below. Riders under the age of 12 must be accompanied at all times by a parent or guardian during the ride. No exceptions. All riders must wear helmet, securely fastened, for the duration of the ride.

RELEASE OF ORGANIZERS AND SPONSORS of the Tour de Pickle Recreational Bicycle Ride (the "Event"). In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors, administrators, assigns and/or legal representatives, do hereby waive, release and discharge the Mount Olive Area Chamber of Commerce, the Town of Mount Olive, NC, the sponsors and all Event personnel from any and all claims for damage suffered by me as a result of my participation in or travel to or return from the Event. In addition I certify that I am in proper physical condition to participate in the Event and accept full responsibility for my own safety during the Event.

Date _____, _____ Rider's signature _____
(Signature)

PARENT or GUARDIAN of Minor Child (Under 18 Years of Age): I, as a parent or guardian of the below named minor(s), hereby give permission for my child(ren) or ward(s) to participate in the Event and further agree individually or on behalf of my child(ren) or ward(s) to the terms of the above Release of Organizers and Sponsors.

Date _____, _____ Guardian's signature _____
(Signature)

Rider's Name(s) _____

Questions? Contact:

Brenda Cates at 910-935-0046-bcates@umo.edu

Mount Olive Area Chamber of Commerce 919-658-3113

To Register:

Submit this completed application and a check payable to the **North Carolina Pickle Festival:**

Tour de Pickle
123 N. Center Street
Mount Olive, NC 28365