

Photo ID Required for Packet Pick Up

32nd El Tour benefits The Rotary Foundation PolioPlus

SPECIAL OLYMPICS 32ND El Tour de Tucson

presented by CASINO DEL SOL RESORT America's Largest Perimeter Bicycling Event for Cyclists of All Ages and Abilities

Ride 104, 75, 55, or 40 Miles or Fun Ride of 12 Miles, 5 Miles & 1/4 Mile



SATURDAY, NOVEMBER 22, 2014



Join Leaders Exchange Ideas Take Action

FEES

Each member of the End Polio Now Team in the 2014 Ride to End Polio/El Tour pays the full \$135 Entry Fee for El Tour (plus any applicable late fees). Rotary District 5500 will forward your entry fee to Perimeter Bicycling Association of America, Inc., who informs us that \$25 of the Entry Fee qualifies as a charitable contribution.

- (a) To register, see instructions near the bottom of this page.
(b) If registering after October 31, 2014, there is a late fee of \$35.
(c) Registration closes on November 12, 2014. Absolutely no refunds.



EVENT BENEFITS

Table with 2 columns listing event benefits such as 'Entry into El Tour', 'El Tour Medallion upon finishing', 'El Tour event t-shirt', etc.



Each Rotary cyclist raising \$1,000 or more will have the opportunity to purchase an El Tour Conquistador El Tour's most prestigious symbol.



Eradicating Polio: Rotary's Top Priority

Rotary's top priority is eradicating polio. Contributions you raise will support immunization campaigns in developing countries where polio continues to infect and paralyze children...

REGISTRATION INSTRUCTIONS \$35 Late Fee in effect after October 31, 2014

Deadline for entry is Friday, November 12, 2014. Mail completed application with \$135 Entry Fee (with \$35 late fee if applicable) to:

Ride to End Polio P.O. Box 37257 Tucson, Arizona 85740

The \$135 Entry Fee check should be made payable to Rotary District 5500 Foundation, Inc.

OFFICIAL HOTELS

The best rates available! El Tour's Host Hotels!

Visit El Tour's ACCOMMODATIONS link: perimeterbicycling.com/el-tour-de-tucson

Online reservations are being accepted NOW!

Room blocks are limited and fill up fast.

For more information:

520-360-7181 www.ridetoendpolio.org ellie@thetempconnection.com

See reverse side for application and Rider Waiver Form.

ROTARY DISTRICT 5500 RIDE TO END POLIO - EL TOUR APPLICATION & WAIVER FORM

Name _____ Birth Date _____ Sex _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

E-mail Address _____ Occupation _____

Emergency Contact _____ Special Instructions _____

Emergency Phone _____

Please answer all questions:

- (1) Check the distance you will ride
 104-Mile 75-Mile 55-Mile 40-Mile

Visit www.perimeterbicycling.com to learn about the **El Tour Fun Ride** (12-mile, 5-mile & 1/4-mile distances)
 Visit our website at www.ridetoendpolio.org for information about **Indoor Ride to End Polio** (ride for minutes at your home or gym).

- (2) Type of bike you will ride. *No Motorized Bikes!*
 Road/Hybrid Mountain Recumbent Handcycle
 Tandem (separate fees and application for each rider)
 Name of Tandem Partner _____

- (3) How much are you enclosing now? (*Read Fees on other side*)

Registration Fee* (if submitted by October 31)	\$135
Late Fee of \$35 (if submitted after October 31)	
TOTAL ENCLOSED: All checks and money orders made payable to Rotary District 5500 Foundation, Inc.	

*All registrations and fees must be received by November 12, 2014.
 After we process your registration, we will provide a fundraising packet to assist you in seeking contributions to PolioPlus.

Paying by credit card

To pay by credit card, indicate above and submit your application to the address noted on the front page. After we receive your application you will receive an invoice via email from Paypal. A \$3.35 service fee will be added. Please do not send your credit card information with your application.

(4) **El Tour T-Shirt Size** (*check one*)
 Youth M (10-12)
 Adult S M L XL XXL XXXL

- (5) Where are you staying for the event?
 Home Friends/Family
 Hotel (please name) _____

If you live in or around Tucson, would you be willing to host a Rotarian cyclist from out of town in your home? Yes No
 If yes, how many? _____
 Home-hosting is available for out-of-town Rotarians.
 Please email ellie@thetempconnection.com for information.

- (6) Are you a Rotarian? Yes No
 If yes, what club do you belong to?
 _____ District _____
 If not, please identify the club and district for which you are riding.
 _____ District _____

- (7) **Please check that you read and agree to the following:**
- Aerobars are not permitted
 - CPSC-approved helmet must be worn
 - I understand that headsets/earbuds blocking both ears is prohibited
 - There are no refunds or transfers
 - Photo ID required for packet pick-up
 - I read and signed the Rider Waiver form below

SANCTIONED BY PERIMETER BICYCLING ASSOCIATION OF AMERICA, INC.

In signing this waiver as a participant in **El Tour de Tucson**, I understand and accept that I must obey all laws of the State of Arizona that may apply to my activities during this event, especially traffic laws. Unless instructed to the contrary by a law enforcement official, I will comply with all traffic regulations including traffic signals, devices, signs and other traffic rules. **El Tour closes at 5:00 p.m. on Ride Day and all course support will end at that time. I understand that if I continue on the course after 5:00 p.m. I am solely and completely responsible for my own safety and support and must obey all laws, including proper lighting on my bicycle after dusk.**

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 and 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 Arizona, Arizona Department of Transportation, Arizona Department of Public Safety, City of Tucson, City of South Tucson, Pima County, Rotary International, Special Olympics, Perimeter Bicycling Association of America, Inc., Town of Oro Valley, Town of Marana, Sol Casinos, any other associated agency or beneficiary, any and all governmental and tribal agencies, and any and all underwriters and their representatives, successors, and assigns for any and all injuries suffered by me as a result of taking part in this bicycling event and any related activities. I attest that I will participate in this event as a bicycling entrant; I will wear an CPSC-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, recordings, or any other record of this event for any legitimate purpose. I understand that I will receive periodic communication from Perimeter Bicycling in the form of USPS or electronic mail and that I may unsubscribe from such mailings at any time by directly contacting Perimeter Bicycling.

The event utilizes open public roads, which may or may not be maintained by local municipalities, cities, counties, and/or the State. The event is not responsible for the condition and maintenance of the roads. Road hazards are always possible and in entering this event, and signing this waiver, I agree and understand that I must be alert to all road hazards, including but not limited to: pot holes, uneven pavement, road cracks, road debris, unfinished construction, and motor vehicle traffic.

I understand that aero-type and other similar handlebars are prohibited in this event and that utilizing such bars may result in my disqualification. Furthermore, I am responsible for all my personal items including, but not limited to cameras, cell phones, clothing, bicycles, etc. **I understand that there are no refunds or transfers of registration to another person or event.**

I understand that I will receive a "chip" (transponder) so I can be timed in this event. I understand that I am responsible for properly mounting the device to my bicycle and that improper mounting may result in NO TIME being recorded.

I understand all fees and collected contributions are nonrefundable and nontransferable. Rider Numbers are also nontransferable.

Rider's Signature _____ Date _____

Parent/Guardian (if rider is under 18) _____ Date _____

BEFORE COMPLETING APPLICATION, READ INFORMATION ON REVERSE SIDE.