



**“Tour De Ford” Bicycle Tour Charity Event**  
Sunday, September 18, 2011

I would like to participate as a rider in the first annual **Tour De Ford** bicycle tour on Sunday, September 18, 2011. Proceeds from this event will support the Tom Groth Patient Medical Needs Fund at Henry Ford Hospital. All information below is crucial information, **please print legibly**:

**Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Apt.** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Best Phone # to reach you** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please indicate ride you are signing up for and t-shirt size:** \_\_\_\_\_ T-Shirt size

\_\_\_\_\_ Short ride (approx. 10 miles) \_\_\_\_\_ Intermediate ride (approx. 35 miles) \_\_\_\_\_ Advanced (approx. 70 miles)

Your registration fee will include t-shirt for the event, food and beverages before, during and after the event and ride related swag bag. If you raise \$250 in donations, you will receive a custom bicycle jersey.

Registration fee is **\$55**, due at time of registration:

\_\_\_\_\_ Personal Check made out to: **Henry Ford Health System**

\_\_\_\_\_ Credit Card (complete all information below)

**Credit Card Information**

Payment type (please circle one): Visa    MasterCard    American Express    Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-digit code \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Signature \_\_\_\_\_



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**Release of Legal Claims**

**What I’m giving up**

If I suffer any injury or damages from participating in the **Tour De Ford** Bicycle Charity Event on Sunday, September 18, 2011 I release, or give up, any legal claim that I might have against the following for their negligent conduct:

- Henry Ford Health System
- All sponsoring organizations of the Tour de Ford
- Any of their officers, employees, agents, or volunteers.

This release is binding on my legal representatives or anyone who tries to claim through me.

**What I’m agreeing to pay for**

If anyone listed above is sued or has to pay anyone else because of my conduct, I will reimburse them for their legal costs, fees, and payments.

**My health condition and my permission to receive medical help**

I am not aware of any health condition of mine that could get worse if I participate in the **Tour De Ford**. I authorize **Tour De Ford** staff to get emergency medical treatment for me during the **Tour De Ford**.

**Bicycle Safety**

In an effort to ensure my safety, I agree to wear a bicycle helmet throughout the **Tour De Ford** ride. If I remove my helmet during the ride or do not have a helmet, I am fully aware that I forfeit my participation in the **Tour De Ford** event.



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**Release of Legal Claims**

**My understanding of this release**

**I have read this release, I understand it, and I sign it freely.**

Name (please print)	Signature
	_____ / _____ 2011
Email address	Date
Home address	City, State, ZIP

**Please mail or e-mail the form to:**

(When emailing form back, email will serve as electronic signature and agreement of “Release of Legal Claims” for Tour de Ford)

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