

36th El Tour benefits
St. Elizabeth's Health Center

36TH El Tour de Tucson

America's Largest Perimeter Bicycling Event
for Cyclists of All Ages and Abilities



Ride 106, 75, 50, 25 Miles or
Fun Ride of 10 Miles, 5 Miles & 1/4 Mile

SATURDAY, NOVEMBER 17, 2018



St. Elizabeth's
+ HEALTH CENTER +

St. Elizabeth's Health Center offers a breast cancer treatment program for uninsured patients on a funding available basis. The majority of our patients come from working poor families who live below the Federal Poverty Level. Our breast cancer treatment patients have no other resources that will help them pay for their treatment. We commit to provide high quality healthcare with respect and dignity by responding to individual needs and encouraging health and well-being.



FEES & CONTRIBUTIONS

To ride for Tucson Riders 4 the Cure benefiting St. Elizabeth's Health Center's Breast Cancer Treatment in the 2018 El Tour, all cyclists pay a \$145 Registration Fee *plus* fundraiser for St. Elizabeth's Health Center. Contributions may be tax-deductible as allowable by the I.R.S.

- (a) To register, send or pay with credit card online \$145 Registration Fee with your application by October 31, 2018. Contributions may accompany your application or can be turned in by November 17, 2018.
- (b) **Registration closes on October 31, 2018. Absolutely no refunds.**

EVENT BENEFITS

• Entry into El Tour	• El Tour Medallion upon finishing
• El Tour event t-shirt	• Entry into El Tour Downtown Fiesta
• Use of computer chip for finishing time	• Entry into El Tour Bike, Fitness and Health Expo
• SAG & First Aid support	• El Tour event poster
• Results printed in <i>Tail Winds</i> newspaper and/or online at www.perimeterbicycling.com	

REGISTRATION INSTRUCTIONS

Mail completed application with \$145 to register by October 31, 2018 to:

St. Elizabeth's Health Center
140 W. Speedway Blvd., Suite 100
Tucson, AZ 85705

All checks and money orders are made payable to St. Elizabeth's Health Center.
Fundraising contributions for incentives accepted through November 17, 2018.

For more information:

carmenn@saintehec.org www.saintehec.org
520-670-0990

See reverse side for application and Rider Waiver Form.

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.*

ST. ELIZABETH'S HEALTH CENTER - 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
 106-Mile 75-Mile 50-Mile 25-Mile
 Visit www.perimeterbicycling.com to learn about the **El Tour Fun Ride** (1/4-mile, 5-mile & 10-mile distances)
- (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 _____

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

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

Registration Fee (\$145)***	
Contributions**	
TOTAL ENCLOSED: All checks and money orders made payable to St. Elizabeth's Health Center.	

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

- (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

*All registrations & fees must be received by October 31, 2018.
 **All contributions must be received by November 17, 2018.
 ***\$20.00 of each registration goes to Easter Seals, El Tour's primary beneficiary.

(4) If paying by credit card, please complete the information below.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Am Ex
Card No. _____		Exp. Date _____
Name on Card _____		Security Code on Back _____



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, Easterseals Blake Foundation, St. Elizabeth's Health Center, Tucson Riders 4 the Cure, Perimeter Bicycling Association of America, Inc., Town of Oro Valley, Town of Marana, 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 a 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.