

Come join us on a scenic tour around Reelfoot Lake and along the Mississippi river. The 100,62, 30, 15 mile rides will follow good very flat roads with plenty of rest stops All rest stops will close and support will end at 4pm Look for us on facebook northwest tn cyclists

**For More info
WWW.NWTNCYC.ORG
or call
731-571-2714**

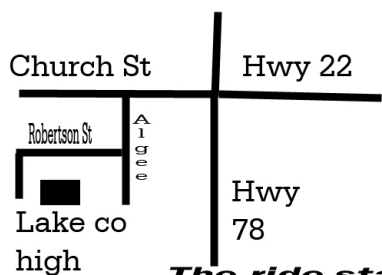
Sponsored by



For more area info:

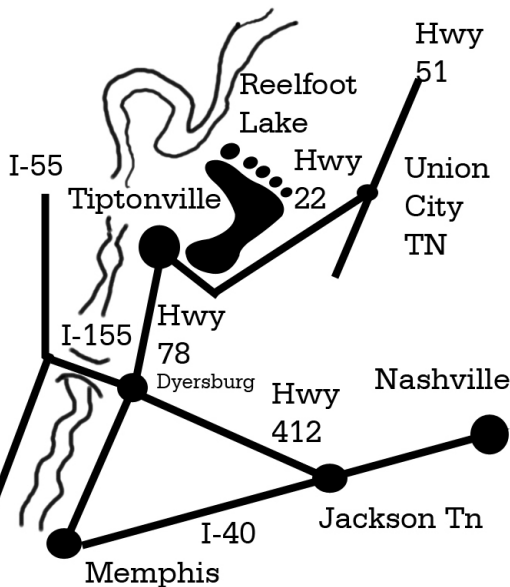
**WWW.Tiptonville.org
WWW.Reelfootchamber.com
WWW.reelfoottourism.com**

Oct 29, 2011



**Mail registration forms to
NWTN Cyclists
30 Owl city rd
Tiptonville, TN 38079**

The ride starts at Lake CO high School at 8 am. Registration begins at 7 am



Rider Agreement

I in consideration of my entry in the Tour De Reelfoot, Sponsored by Beasley Chiropractic and NWTN cyclists, I, intending to be legally bound, do hereby for my executors, assign, waive, release, and forever discharge any and all rights and claims for damages I may have, or which hereafter accrue to me, against NWTN cyclist, ride committee members, all ride sponsors or cosponsors or their respective officers, agents, representatives, or successors, for any and all damages which may be sustained and suffered by me in connection with my association with or participation in the Tour De Reelfoot.

A physical examination is not required to participate in this event, however, all participate at their own risk. If in doubt as to your physical condition to engage in such an event, it is strongly recommended that you seek the advice of a physician. The parent/guardian hereby consents to participation of the applicant (biker) and waives and releases all rights, claims, and damages as is more fully set forth above.

Bicycle helmets are mandatory!

This waiver must be signed before participation in the Tour De reelfoot

signature of biker **date**

print name **date**

signature of legal gaurdian if rider is under age 18 **date**

Registration \$25.00 or \$30 day of ride

A seperaten form must be completed for each person

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Age _____ Gender _____

Emergency Contact _____ Phone _____

Register me for the following distance 100 62__ 30__ 15__

T-shirt size: youth small medium large x-lage xx-large

must be postmarked by Oct 1 to guarantee t-shirt size

please make checks payable to Northwest TN Cyclist

you can also registrar online at active.com

<http://www.active.com>