



Inaugural Brooksville Good Neighbor Trail Bike Ride

Sunday October 14, 2018

Ride takes place on October 14th, 2018

START TIME: 7:30AM - 9:00AM (no mass start) Rain or Shine.

LOCATION: The ride begins and ends at the Historic Brooksville Train Depot at 70 Russell St, Brooksville, FL 34601. Continental breakfast will be available and lunch is from 11AM to 3PM at Coney Island Drive-In. Metric Century Riders will find post-ride refreshments at the registration area until 3PM.

T-SHIRTS: Riders registered on or before October 1st, 2018 will receive a quality commemorative shirt. Those registering after October 1st, 2018 are **not** guaranteed a t-shirt. If you cannot attend, T-shirts will be mailed upon receipt of \$5, postage.

DISTANCE: The Good Neighbor Trail is a paved, 10 mile converted railroad track and connects to the Withlacoochee State Trail, a paved 46 mile converted railroad track. You may determine your own distance. A Metric Century ride is available with a Certificate for 100-K riders upon completion.

ENTRY FEE: Before July 15th, \$35 for riders over 12 years old, \$15 for riders 12 and under (must be accompanied by an adult). \$40 July 16 to Sep 30, \$45 Oct 1 to 13th, and \$50 Oct 14 (day of event). Mailed entries must be received by Friday October 12th. All others must register as "WALK UP" the day of the ride. Those riders who initiate an **ONLINE registration after 3:00pm, Friday October 12th** will **not** be included in the Pre registered listings and must register as a "WALK UP" the day of the ride. Early packet pickup will be held Saturday October 13th, from 1:00pm to 5:00pm in the pavilion behind the Train Depot Museum in Russell Park for pre-registered riders only.

SAG STOPS: Four stops along the way will provide water, sports drinks and food. Restrooms are available at SAG Stops. All support ends at 3:00pm.

For more information call, Mike Dolan at, 360-359-0568 or email: mjdolanski@gmail.com If confirmation is desired, send a self addressed stamped envelope (SASE) to: GNT Trail Ride 701 Museum Ct Brooksville, FL 34601.

***** ON-LINE REGISTRATION at: www.gntbikeride.com, then Registration and complete the input form. ****

ALL RIDERS MUST WEAR A HELMET Make Checks payable to: Brooksville Main Street

Please detach and mail with a check to: Brooksville Main Street P.O. Box 1323 Brooksville, FL 34605.

LAST Name: _____ FIRST Name: _____ M F Age _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____ *

Short Sleeve Tee Shirt Size: S ___ M ___ LG ___ XL ___ XXL ___ (XXL \$2 more) **AMOUNT ENCLOSED**

Emergency Contact: _____ Emergency Phone _____ \$ _____

I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I or my minor child may have, or which may hereafter occur to me or my minor child as a result of my or their participation in any bicycle rides conducted by the Brooksville Vision Foundation or the Brooksville Main Street Program. This release is intended to discharge in advance the Brooksville Vision Foundation or the Brooksville Main Street Program, Department of Environmental Protection, and Office of Greenways and Trails or any member thereof leading a ride for the Brooksville Main Street organization from any and all liabilities arising out of or connected in any way with my participation or that of my minor child in any bike rides, even though that liability may arise out of negligence or carelessness on the part of the persons or entity mentioned above. I certify that my level or that of my minor child of physical conditioning is appropriate to compete in the Brooksville Main Street Inaugural Good Neighbor Trail Bike Ride and there are no known reasons why I or my minor child should not participate. I further understand that serious accidents may occur during the bike ride, and that participants in bicycle events may sustain mortal or serious personal injuries, and/or property damages, as a result of participation. I further understand that I or my minor child must wear proper safety equipment, including, but not limited to helmets, during all bike rides. Knowing the risks of bicycle riding, nevertheless, I hereby agree to assume those risks for my myself or my minor child and to release and hold harmless all of the persons or entity mentioned above who might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is binding on my heirs and assigns. The participant hereby grants the Department of Environmental Protection, Florida Park Service, Withlacoochee State Trail and Brooksville Good Neighbor Trail permission to take and use photographs, audio, video or digital recordings made of Event for publicity, promotional purposes or other purposes.

I have read and understand the waiver.

Signature of Entrant _____

Signature of Parent of Minor _____

Date _____

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