

Le Tour de COURSE!

*An indoor cycling event to benefit the
Leukemia and Lymphoma Society*

Start Time: Saturday, February 23, 8 a.m. (registration will begin at 7 a.m.)

Location: This event will take place at the Freeman Fitness Center within Sea Colony.

The Freeman Fitness Center is located 1 mile west of Rt. 1 and Sea Colony Marketplace.

Amenities: Event day refreshments, long sleeve dry wicking t-shirt and an event water bottle to the first 50 participants. Post event refreshments and an award ceremony will follow at the Freeman Fitness Center

For more information call or e-mail:

Amanda Savage

302-539-4511

asavage@seacolonyrecreation.com

GENERAL INFORMATION *(Complete the following)*

ALL PARTICIPANTS MUST BE ATLEAST 18 YEARS OF AGE

Name: _____ Age: _____

Gender: _____

T-Shirt Size: _____

Permanent Address: _____

Local Phone Number: _____

*E-mail Address: _____

HEALTH INFORMATION

Do you have any medical conditions that may limit your participation in this event or feel the director should know about?
Please give details including limitations and special precautions.

(CONTINUED ON REVERSE SIDE)

PAYMENT

TIME SLOTS ON THE BIKE ARE FIRST COME FIRST SERVE. WE ENCOURAGE ALL PARTICIPANTS TO REGISTER AND CHOOSE THEIR 1ST AND 2ND PREFERRED TIME SLOT EARLY TO HELP ENSURE THAT YOU RECEIVE YOUR CHOSEN SLOT.

10 bikes will be available in 45-minute slots at a \$50 minimum per slot between 8 a.m.-11 a.m. (8 a.m.-8:45 a.m., 9 a.m.-9:45 a.m. and 10 a.m.-10:45 a.m.)

PLEASE MARK 1ST AND 2ND IN PREFERRED TIME SLOTS

8 a.m.-8:45 a.m.	9 a.m.-9:45 a.m.	10 a.m.-10:45 a.m.

9 bikes will be available for teams of 3 through January 31, 2008 at a \$150 minimum per team. After January 31, 2008, these bikes will be made available in 45-minute slots for a \$50 minimum per slot

TEAM NAME: _____
PLEASE PRINT EACH TEAM MEMBERS NAME IN THEIR CHOSEN SLOT.

8 a.m.-8:45 a.m.	9 a.m.-9:45 a.m.	10 a.m.-10:45 a.m.

****SPECIAL AWARDS TO TOP INDIVIDUAL AND TEAM FUNDRAISERS****

\$ _____ (Please make checks payable to the Sea Colony Recreational Association)

**Mail to: Freeman Fitness Center
P.O. Box 480
Bethany Beach, DE 19930**

* You will be receive a letter of confirmation via e-mail

\$50 minimum per 45-minute slot
\$150 minimum per bike/3-hour slot (1 to 3 persons per slot)

PARTICIPANT RELEASE FORM

Le Tour de Cure participant represents that he or she is in good physical condition and is able to participate in the above fitness program provided by Sea Colony Recreation and ResortQuest Management. Le Tour de Cure participant fully understands and agrees that in participating in one or more of the activities, or using facilities maintained by Sea Colony Recreation and ResortQuest Management, there is the possibility of accidental or other physical injury. Sea Colony Recreation and ResortQuest Management, personnel have no expertise in diagnosing, examining, or treating medical conditions of any kind or in determining the effect of any specific physical activities on said medical condition. Participant further agrees to assume the risk of injury and to indemnify Sea Colony Recreation, Sea Colony Fitness Center, ResortQuest Management and all affiliated persons and entities from any and all claims damages loss, injury of liability to the member, the guest or any third party as the result of the use by the member or his or her guest of the facilities and instructions offered by Sea Colony Recreation.

Signature _____ *Date* _____

