

**2017 KOM REGISTRATION FORM
SUNDAY OCTOBER 8, 2017**

LAST NAME _____

FIRST NAME _____

* (CIRCLE ONE) MOUNTAIN BIKE ROAD BIKE TANDEM

* (CIRCLE ONE) FEMALE MALE

* AGE _____

* TEAM NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE (____) _____

T-SHIRT SIZE (CIRCLE ONE) SMALL MED LARGE XL XXL

EMAIL _____

I hereby certify that I am in good physical condition and hereby assume all risks and liabilities related to my participation. I hereby for myself, my heirs, executors, administrators and assigns, release Habitat for Humanity of Clearfield County, Habitat for Humanity International, Pennsylvania Department of Transportation, all landowners, any municipalities or other public entities (and their respective agents and employees) and all volunteers and sponsors from all claims or injury suffered by me while participating in this event. I understand the entry fee I pay is non-refundable. I also give my permission for the free use of my name, picture, or likeness for any purposes related to the tour.

Signature _____

Signature of Parent/Guardian (if age 18 or under) _____

REGISTRATION FEE OF \$25.00 PAYABLE TO:

HABITAT FOR HUMANITY OF CLEARFIELD COUNTY
PO Box 463
DUBOIS PA 15801