



# 2024 LUCKY 13 Ride Official Entry Form



**August 17, 2024**

Day-of-ride registration open from 9 AM until 10:00 AM

**Please Print Legibly - Adult Rider(s) or Child Rider(s) over age 12**

Last Name	First Name	Age/Gender
Last Name	First Name	Age/Gender
Last Name	First Name	Age/Gender
Street Address		
City	State	Zip
Phone Daytime: ( ) Evening: ( )	Email	

**Youth Rider(s) Ages 5 - 12 (need to be accompanied by a registered rider over age 18)**

Child's Last Name	Child's First Name	Age/Gender
Child's Last Name	Child's First Name	Age/Gender
Child's Last Name	Child's First Name	Age/Gender
Street Address		
City	State	Zip
Phone Daytime: ( ) Evening: ( )	Email	

**Registration Fees:**

Adult (12 and over)	# ___ x \$15 <sup>00</sup> /ea.	\$
Youth (12 and under)	# ___ x \$15 <sup>00</sup> /ea.	\$
Family of 3 +	\$30 <sup>00</sup>	\$
	<b>TOTAL</b>	<b>\$</b>

**Emergency Contact** – please list someone **NOT** on the ride (cannot ride without emergency contact information):

Name	Relationship	Phone
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**Representation and Acknowledgement:**

I hereby represent that I am in good physical condition for this ride. I understand the route is challenging and not chosen for its safety. I understand this is a non-competitive event and not a race. I further represent I have the ability and equipment to handle the route and any weather conditions. I agree to wear an ANSI- approved bicycle helmet, and I understand a rear-view mirror is recommended.

**Release from Liability:**

In consideration of the acceptance of the registration, by signing this release (parent or guardian, if registrant is under 18 years of age), I hereby release for myself and my kin, and waive any claims of action against the York Fire Service Area (i.e. York Fire Rescue), its officers, directors, members, agents, and all other persons or entities from all liability arising out of any injury to persons or property, and any loss, damage or expenses arising out of any participation of this ride.

**Application is not valid without signature!**

Signature of Child	Date
Signature of Adult Supervisor	Date
Signature of Parent or Guardian	Date

**Please make check or money order payable to: YORK FIRE RESCUE INC**

Mail completed form and payment to:

**York Fire Rescue Inc 7450 Nelson Road Helena, MT 59602**