SepTimber Ride
OFFICIAL ENTRY FORM 2024
(One participant per form. This form may be duplicated.) PLEASE PRINT.

Where did you hear about the SepTimber Ride?
________________________________________________

Full Name: ____________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Address:__________________________________________

City: ____________________ Zip: ____________________

Phone: __________________________________________

Email: __________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Age:____________ Birth Date:__________ Sex: (M) (F)

In case of emergency during the ride call:
Name: __________________________ Ph.: ________________

T-SHIRT ( sizes):
S  M  L  XL  XXL

RIDE OPTION:
100K Road Ride  60K Road Ride  Trail Ride

ENTRY FEES:
$60 by 8/1/24 or $70 by 9/14/24

TOTAL (enclosed with form) $ ____________

PLEASE READ AND SIGN THIS WAIVER.

Then enclose payment and mail to the address listed below.

WAIVER: Participating in the SepTimber Ride can be a serious threat to the health of participating individuals, especially to those who have not trained or are not in excellent health. Those participating should check with their physician prior to participating in the SepTimber Ride.

I, __________________________, of my own free will and at my own risk, apply to enter the SepTimber Ride. I assume, accept, endanger, and release anyone entitled to act on my behalf or for my benefit and release anyone and all actions, claims, injuries, damages, liabilities, loss, and all actions of whatever kind and nature including, but not limited to, attorney fees, which may or may not be incurred by reason of my participation or the SepTimber Ride. I release and authorize anyone entitled to act on my behalf or for my benefit and release any and all actions, claims, injuries, damages, liabilities, loss, and all actions of whatever kind and nature against the SepTimber Ride, the City of Eagle River, Town of Lincoln, Town of Washington, Town of Cloverland, Town of Conover, Town of Three Lakes, Town of Sugar Camp, Clearwater Lake, Vilas County, Oneida County, Three Eagle Trail, Tara Lila, LLC, Northern Highland American Legion State Forest, Chequamegon-Nicolet National Forest, Three Lakes Winery, Thirstin Brewing Company and Taphouse, Greater Headwaters Trails Foundation, the Eagle River Area Chamber of Commerce, sponsors, or any employee, volunteer, official or elected official of these organizations.

I assume all risks associated with riding in this event including, but not limited to, falls, contact with other participants, the effects of the weather, traffic, and the condition of the road, all such risks being known and appreciated by me. I further hereby certify that I have full knowledge of the risks involved in this event and I am physically fit and have sufficiently trained to participate. If, however, as a result of my participation in the SepTimber Ride, I require medical attention, I hereby give my consent to provide such medical care as is deemed necessary by authorized personnel.

I grant to the SepTimber Ride and its sponsors the exclusive right to the free use of my name, my voice and/or my picture in any broadcast, advertising, promotion or other account of this event.

Signature: __________________________
(MUST be at least 21 years of age)

Date: __________________________

Make check payable to:
Eagle River Area Chamber of Commerce
and mail to:
Eagle River Area Chamber of Commerce & Visitors Center
P.O. Box 1917-SR
Eagle River, WI 54521-1917