

Tour de Scranton 8

May 1st

For Info: www.tourdescranton.com



BENEFITS THE ERIN JESSICA MOREKEN DRUG & ALCOHOL TREATMENT FUND, INC.

The Tour de Scranton....

The Tour de Scranton is an annual non-competitive bike ride for riders of every age and skill level. Designed with a selection of routes and distances, catering to both the novice and experienced rider, anyone can bring a bicycle and join in the fun. The Tour de Scranton also benefits an extremely good cause.... The Erin Jessica Moreken Drug & Alcohol Treatment Fund, Inc. This fund was established in 2002 in memory of Erin, who died at the age of 28 following a drug overdose. You can help raise money for this fund by securing pledges for your ride. A pledge sheet is provided and should be turned in with your application by April 27th. Riders with pledges of \$50 or more are eligible to win one of two bikes which will be awarded at the conclusion of the event. Riders with pledges of \$100 or more are eligible to win one of two bikes and one of many gift certificates or prizes which will be awarded. The bike ride will be monitored from start to finish by adult volunteers and cyclists at regular check points. It is a safe and enjoyable way to have fun and raise the much needed funding to assist young people who are struggling with the disease of addiction.

The Erin Jessica Moreken Drug and Alcohol Treatment Fund, Inc.

Each year through this event, we have been able to offer scholarships, aid, and drug and alcohol educational programs to a variety of worthy individuals and groups in our community. Pledges to Erin's Fund will help to fulfill our Mission Statement: "The Erin Jessica Moreken Drug & Alcohol Treatment Fund, Inc. was established to provide charitable gifts to qualified organizations or individuals struggling with the disease of addiction."

Registration Fee:

\$30 - on or before April 27th Registration Time: 9:00 AM
\$35 - April 28th thru May 1st Start Time for all Routes: 10:00 AM
\$50 - Parents and their children under 12 (one charge)

Register online, Route maps, Questions or Volunteer opportunities go to www.tourdescranton.com

Cue sheets will be provided.

Water and snacks provided at start and at rest stops along each route.
Bring water bottles. Rest stops with snacks are noted on your cue sheets.
Food and drinks will be available at the end of the bike ride.

Support Services: Telephones, Rest Rooms, Parking. Several local bike shops have been invited to offer technical assistance. They will offer regular checks, assistance, or anything of a minor repair.

I cannot participate, but please accept my donation

Please complete one form per person (OK to photocopy and give to friends).
Don't forget to sign the release and return it with this form with your pledge sheet on or before April 27th, to insure availability of a T-shirt and gift bag.

Make check payable to "Erin's Fund" Mail completed form and release to:

Mr. & Mrs. Thomas Moreken
1328 Myrtle Street
Scranton, PA 18510

Tour de Scranton T-shirts should be worn during the ride.



PLEASE PRINT LEGIBLY

Name: _____ Age _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: (_____) _____ Email Address: _____

Please choose Route:

- _____ Route 1 Lacawanna County Heritage Trail (NEW-Olive Street, Scranton) 4 miles closed course _____ Route 4 Scranton H.S. to Forest City H.S. (46 miles)
_____ Route 2 Scranton H.S. to Valley View Elem. School (15 miles) _____ Route 5 Begins at Scranton H.S. - Metric Century (65 miles)
_____ Route 3 Scranton H.S. to Carbondale H.S. (32 miles)

Cue sheets provided & Individual Route Maps found at tourdescranton.com

WAIVER and RELEASE FORM Tour de Scranton 8

In consideration of my being able to voluntarily participate in this event, I hereby for myself, my heirs, executors, administrators, and assigns, waive, release and forever discharge any and all claims I may now or in the future have against the Erin Jessica Moreken Drug and Alcohol Treatment Fund, Inc. its administrators, event volunteers, sponsors, and any other persons connected with this ride, for any liability, for personal injury, illness, death, or property damage sustained by me resulting from my participation in this ride.

Further, as a participant in this Bike Ride, I assure the following:

1. While bike riding is an exceptional recreational sport, it also involves risk, and even dangers. Some of these dangers include but are not limited to: traveling on or crossing heavily traveled roads, steep descents, potholes, accidents, unexpected moves of another rider, physical exertion, fatigue, flat tires, and motorists. Ride terrain, pace, and distance may vary from written or verbal description.
2. I acknowledge that the Erin Jessica Moreken Drug and Alcohol Treatment Fund, Inc. (EJMD+ATF, Inc.) requires the wearing of helmets and agree to save and hold the EJMD+ATF, Inc. harmless for any injury resulting from my failure to wear a helmet.
3. The undersigned acknowledges that the risks cited above, as well as numerous other dangers are inherent in recreational bike riding, and the undersigned agrees to assume all risks associated with participation in this bike ride. The undersigned further agrees to save and hold harmless the EJMD+ATF, Inc., its officers, directors, coordinators, executive committee members, volunteers, and other members, from any and all liability for any injury or damage resulting from, or in any way connected with, participation in this bike ride.
4. I certify that I am in good health and competent to ride safely, and that my bicycle and equipment are in safe working condition. I agree to obey all Pennsylvania motor vehicle and bicycle laws, and to practice safety and courtesy while bicycling. I hereby consent to and permit any emergency treatment in the event of an injury or illness.
5. In the case of children under the age of 18, I hereby agree to the terms of the above waiver on behalf of my child (children). I agree to abide by the federal, state, and local helmet laws as they apply to my child (children). I agree that the EJMD+ATF, Inc., its officers, activity organizers, ride leaders and other members, have no obligation to provide instruction to, or supervision of my children. I understand that riders 12 years and under, must be closely supervised by an adult at all times during the ride.
6. If injured or disabled during the bike ride, or if I cause any injury, loss, or damage, I will promptly alert bike ride organizers.
7. I give to the EJMD+ATF, Inc., its designees, agent and assigns, unlimited permission to use, publish and republish in any form or media, reproductions of my likeness, photograph or video, with or without identification of me by name. I agree not to demand payment or any other compensation, and agree to hold the above parties harmless of all liability arising from such use.

I HAVE READ AND UNDERSTAND THIS WAIVER. I AGREE TO BE LEGALLY BOUND BY IT.

Signature of Applicant: _____ Date: _____

Print Name: _____

Signature of Parent or Guardian if under 18: _____

Print Name: _____ Relationship: _____

In emergency (Cannot be another rider)

Print Name of Contact: _____ Relationship: _____

Emergency Phone: (home) _____ (cell) _____