

## Tour de Mason Lake Bicycle Ride

A Karen Hilburn Cancer Fund Event

A 20, 32 or 44 mile circuit with medium and rolling hills past beautiful scenery.

Date is Saturday, June 9th, 2018

Start Time is 8:30 a.m.

Check in begins at 7:45 a.m. in parking lot

of El Puerto de Angeles Restaurant

2503 Olympic Highway N.

Shelton, WA 98584

Cost is \$40.00 pp\*

*\*See reverse side for advanced registration information*

Includes a commemorative water bottle.

*A cold beer and Olympic Mountain Ice Cream served to all participants at the finish line!*

### Course:

The 32 mile course will begin and end in Shelton, traveling past Lake Limerick, circling Mason Lake, and returning to El Puerto de Angeles Restaurant.

The 20 mile ride will go to Mason Lake and return.

The 44 mile ride will circle Mason Lake twice.

All participants must check in prior to 8:30 a.m. in front of El Puerto de Angeles Restaurant parking lot.

All participants must wear appropriate protective gear.

### Directions:

From Highway 101 take the Wallace Kneeland Blvd exit, turn right onto Olympic Hwy North. Stay in the right lane and follow 0.6 miles to the restaurant, turn right. Destination will be on your immediate left. You may park in the Gateway Plaza parking lots.

## EVENT SPONSORS

- El Puerto de Angeles
- Olympic Mountain Ice Cream
- Heritage Bank
- Wittenberg, CPA, PS
- Hood Canal Communications

A Benefit for  
The Karen Hilburn Cancer Fund  
\*a chapter of MGH Foundation



# TOUR DE MASON LAKE

A 20, 32 or 44 mile bicycle ride

Date: Saturday, June 9th, 2018

Ride Start Time: 8:30 a.m.

El Puerto de Angeles  
2503 Olympic Highway N.  
Shelton, WA 98584



*Karen Hilburn*  
CANCER FUND

Helping Mason County fight cancer, one treatment at a time.

## Tour de Mason Lake Bicycle Ride—Release and Waiver of Liability

By my signature below, I execute the following release and waiver of liability and assumption of risk and indemnification in favor of Mason General Hospital Foundation, a Washington non-profit corporation organized and existing under the laws of the State of Washington, USA, its affiliates and associated parties including but not limited to Karen Hilburn Cancer Fund, the City of Shelton, Mason County, and all entities' directors, officers, employees, volunteers and agents (collectively "MGHF"). In consideration of acceptance of this entry form authorizing participation by myself/my minor child in the Tour de Mason Lake (hereinafter "Event"), I execute this waiver/release and assumption of risk/indemnification on behalf of myself, my heirs, executors, administrators, and all other parties including my marital community, and any other individual with parental/guardianship interests. I/my child desire to participate in the Event. I understand that participation in the Event presents elements of risk, including but not limited to risk of injury, harm, illness, death and property damage. I understand that I bear the responsibility of ensuring that I/my child am/is medically able and properly trained to participate in the Event. I hereby freely, voluntarily, of my own will (and after consultation with and approval by my spouse and/or any other individual with parental/guardianship interests in the case of Event entry by my minor child), agree to release, forever discharge and hold harmless and indemnify MGH from any liability with respect to any claim that may arise, related in any way to my/my child's participation in the Event. **I intend this release, waiver, indemnification and assumption of risk to be as broad in its extent and purpose as the law will allow, including claims arising from MGHF's negligence.**

I authorize the provision of medical care/treatment as deemed necessary by MGHF, and intend this waiver to apply to any treatment or other medical services rendered in connection with my/my child's participation in the Event. I understand that MGHF does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for Event participants. Each participant is expected and encouraged to carry insurance prior to participating in the Event.

I have read this entire Release and understand all of the provisions. I understand that I may consult with independent legal counsel before signing this agreement if I have any questions or concerns. I express my agreement with the foregoing provisions by my signature below.

I give permission for my photo to be used for publicity and/or results postings.

Name of Adult Participant or Minor Child Participant (please print): \_\_\_\_\_

Signature of Adult Participant or Parent/Guardian of Minor Participant: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Participant's Age \_\_\_\_\_ Participant's Phone # \_\_\_\_\_

Participant's Address: \_\_\_\_\_



Mail completed form with payment to:  
KHCF, PO BOX 1462, Shelton, WA 98584

## 2018 Tour de Mason Lake Bicycle Ride

A Benefit for Karen Hilburn Cancer Fund,  
A chapter of MGH Foundation.

### Entry Form (one entry form pp)

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Advanced Registration before  
June 9th, 2018 is \$40.00 pp

Day of Registration is \$45.00 pp

Registration accepted online until June 8,  
2018. We cannot guarantee a water  
bottle for registration after May 20, 2018.

Make checks payable to:

*Karen Hilburn Cancer Fund*

To register online visit  
[www.active.com](http://www.active.com)  
(additional fees may apply)