

# Bike to the Bridge

Saturday, August 5, 2017

[www.cancerbridge.org](http://www.cancerbridge.org)

**Ride Options:** 50 miles, 25 miles, and a 3-6 mile Sweet Treat Tour

**Starting Location:** Cancer Assistance of Williams County  
1425 E. High St. Bryan, Ohio (Williams County Community Offices/East Annex)

**Registration:** 8-9:00 a.m.      **Start Time:** All rides 9:00 a.m



**MISSION:** The annual 2017 Bike to the Bridge will directly benefit individuals and families who have been affected by cancer through Cancer Assistance of Williams County (CAWC). CAWC is an independent, local, nonprofit organization that has served Williams County since 1996. This organization bridges the need by providing direct, financial assistance to individuals and families as well as guidance and emotional support. **Please "B the Bridge" by riding in this event and, if you choose, seek additional donations using the Sponsorship Sheet provided.**



## RIDE DETAILS:

**50 Mile:** There is a \$35 entry fee which will be waived if your sponsor donations exceed the \$35 fee. Sponsor donations from family, friends, colleagues, etc., are encouraged. (See Sponsor Sheet). The ride starts at CAWC, on to Lockport Covered Bridge, continuing to Goll Woods, and returning to Bryan.

**25 Mile:** There is a \$25 entry fee which will be waived if your sponsor donations exceed the \$25 fee. Sponsor donations from family, friends, and colleagues are encouraged. The ride starts at CAWC and continues to Lockport Covered Bridge with a return to Bryan.

**3-6 Mile Sweet Treat Tour:** This in-town ride includes a stop at the Spangler Candy Co. Museum for a 3-mile round-trip ride, or venture onward to Eric's Ice Cream for a round-trip of 6 miles. Vouchers will be provided for ice cream at Eric's, Dairy Queen, or Debbie's Dairy Freeze. **CHILDREN UNDER 13 MUST BE ACCOMPANIED BY AN ADULT OR GUARDIAN. HELMETS ARE MANDATORY.**

Snacks and water will be provided at all SAG (Support and Gear) stops on the 25 and 50 mile rides. SAG assistance is available until 1:00 p.m. **After the ride, please return your event number at the check-in point.**



Registrations will be accepted up to and including event day with a free B2TB T-shirt while supplies last. **Please consider additional sponsorship donations using the sponsorship sheet. Any and all donations would be greatly appreciated.**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ 50 Mile Ride, \$35 entry fee OR secure fee and additional donations using sponsorship form

\_\_\_\_\_ 25 Mile Ride, \$25 entry fee OR secure fee and additional donations using the sponsorship form

3-6 Mile Sweet Treat Tour: \_\_\_\_\_ INDIVIDUAL \$10      \_\_\_\_\_ FAMILY \$20

Please carry ID and emergency contact information on your person while riding.

NOTE: You are required to read and sign the waiver and release of liability form. Minors under the age of 18 must have a parent or guardian sign a waiver. Minors under the age of 13 must be accompanied by a parent/guardian. **Helmets are mandatory.**

**Make checks payable to: Cancer Assistance of Williams County**

Registration forms may be found online at [www.cancerbridge.org](http://www.cancerbridge.org) or located at Cancer Assistance of Williams County, Bryan Chamber of Commerce, Seasons, or at any Williams County Library.

**Return registration/waiver and entry fee/donations to:**

Cancer Assistance of Williams County  
1425 E. High St. Bryan, Ohio 43506  
Email: [wms.cancer@bright.net](mailto:wms.cancer@bright.net)  
phone: 419-636-0079  
webpage: [www.cancerbridge.org](http://www.cancerbridge.org)



Cancer Assistance  
of Williams County

"Bridging the Need"



### Assumption of Risk, Waiver and Release of Liability

I acknowledge that this sporting event presents inherent risks including, but not limited to, serious bodily injury and property loss. I am aware of the dangers involved. In signing this release for myself or the named underage entrant, I agree to absolve Cancer Assistance of Williams County, B2tB organizers and volunteers, its members, affiliates, and all sponsors of this event of any or all liability that may occur while taking part. I also intend that this waiver shall bind my family, heirs, assigns and personal representatives who may be indirectly affected by my injury or loss.

I will voluntarily adhere to all legal biking and traffic rules. I agree to abide by the law and to practice courtesy and safety while cycling. I consent to medical treatment which may be deemed advisable should an injury or illness occur during the course of this event and I agree to be solely responsible. I understand that SAG support will end at 1:00 p.m.

I understand that I may be photographed during this event, and I agree to allow photos or videos of me to be used for any legitimate purpose related to this event by William's County Cancer Assistance.

I CERTIFY THAT I HAVE READ THE ABOVE INFORMATION; THAT I UNDERSTAND THIS IS A RELEASE OF LIABILITY FOR ACCIDENTS, INJURIES, LOSS OR OTHER UNFORTUNATE INCIDENTS WHICH MAY OCCUR DURING THE COURSE OF THIS EVENT; AND THAT I AM SIGNING VOLUNTARILY. BY SIGNING THIS WAIVER I AM ASSUMING ALL THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS EVENT.

\_\_\_\_\_  
Signature Printed Name/Date

*If you are under 18 years of age, you and your parent or guardian must sign the consent below.*

The undersigned parent or guardian consents to his/her child or ward's participation in the event, and agree on behalf of the child or ward to the terms of the waiver and release of liability set forth above.

\_\_\_\_\_  
Printed name of minor(s) Birthdate(s)

\_\_\_\_\_  
Printed name of minor(s) Birthdate(s)

\_\_\_\_\_  
Printed name of Parent or Guardian Signature of parent or Guardian/Date



### Voluntary Sponsorship Sheet

Family, friends, co-workers, and organizations can donate money that will sponsor you to participate in Bike to the Bridge, replacing or perhaps adding additional donations above the flat ride entry fee. Collect at the time you ask for it so you can turn in the donations the day of the event or prior.

All proceeds from B2tB will go towards client programs offered by Cancer Assistance of Williams County. All contributions are tax deductible as provided by law. An electronic receipt will be sent to the donor who provides a valid email address. Please be legible!

Checks payable to: **Cancer Assistance of Williams County**

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor's Name	Amount	Email address( if receipt is desired)
Total:		For B2tB Volunteer: Verified amount: _____ Initials: _____ Date: _____