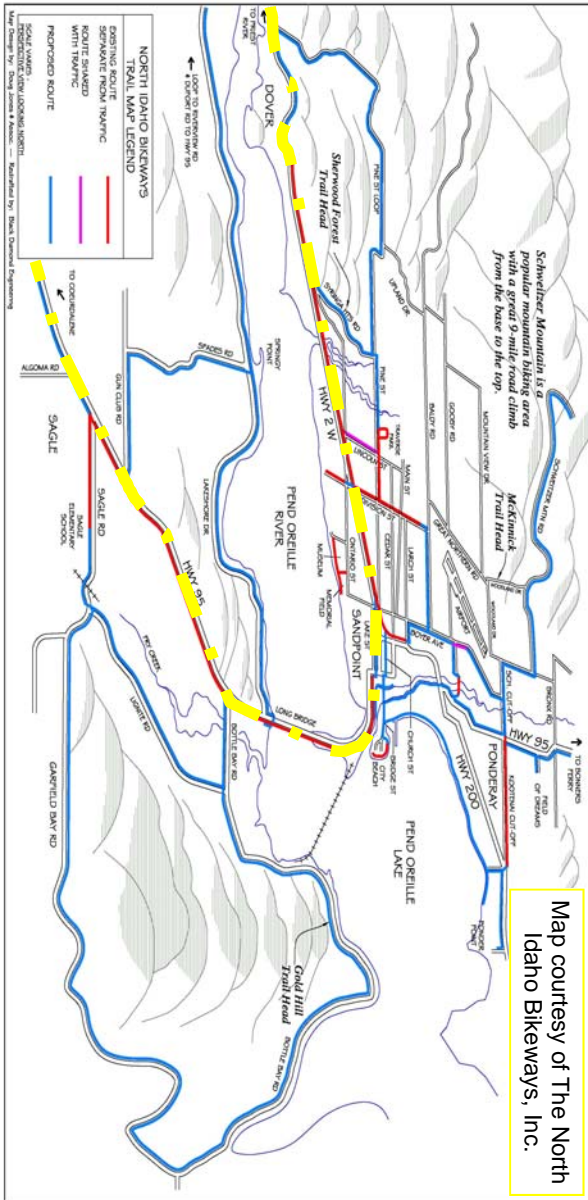
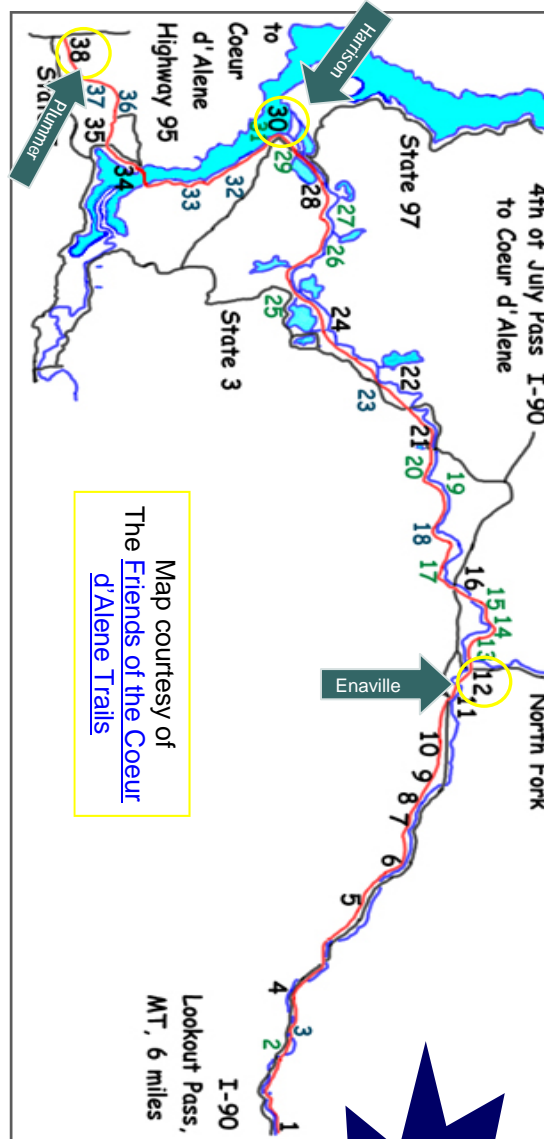


Sandpoint Community Trail



Trail of the Coeur d'Alenes



Deadline to register is July 3!



on the beautiful
Trail of the
Coeur d'Alene
or
North Idaho Bikeways
in Sandpoint



**Check-in and start riding
anytime from
8:30 – 11:00 am**

Panhandle Public Health Foundation
PO Box 721
Hayden, ID 83835
208-415-5103
www.pphf.net

Event Time and Registration Information

REGISTRATION

- Registration is \$25.00 per adult and \$5 per child with adult registration.
- Adult registration includes one t-shirt.
- Each registration MUST include the signed liability waiver.
- All riders must wear a bike helmet.
- For more information, please call (208) 415-5103 or e-mail kkindig@phd1.idaho.gov

EVENT DAY

- Saturday, July 18, 2009
- Check-in anytime from 8:30 a.m. to 11:00 a.m.
- T-shirts will be distributed at the check-in site you choose on the registration application.
- THERE IS NO SHUTTLE SERVICE**



Photo courtesy of the Idaho Tourism Council

Please mail registration form with your registration fee of \$25.00 per adult and \$5 per child (with adult registration) by July 3, 2009, to PPHF PO Box 721 Hayden, ID 83835

One form per adult registering for the event. Please visit www.pphf.net to download more copies.

Water and Snacks will be provided at check-in at all course start locations

DEADLINE TO REGISTER IS JULY 3!
Registration after July 3 is \$20.00 and may NOT include a t-shirt

Open to cyclists of all ages and levels!

Families are encouraged to ride!

Project Health is a nonprofit corporation, founded in 2004, established to support not for profit and/or governmental organizations that improve the health of the public in the five northern counties of Idaho. Your support of the Foundation's third annual "Pedalin' for Public Health" bike ride is greatly appreciated.



REGISTRATION FORM

Please choose a Check-in Station

- Plummer
- Enaville
- Sandpoint
- Kroc Center CDA

Adult T-Shirt Sizes

- Small
- Medium
- Large
- X-Large
- 2X

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Emergency contact: _____
Phone: _____
E-mail: _____
Number of children registering: _____

Amount Enclosed: \$ _____

Required Release of Liability

I understand that an approved helmet is required to be worn at all times. I have read, understand and agree to abide by the safety precaution requirements and all other rules presented to me. I agree to indemnify and hold harmless the Panhandle Public Health Foundation and all of its sponsors from all cost, exposure, and liability arising out of my participation in the ride. I hereby waive all claims for damage or loss to my person or property which may be caused by any act or failure to act by the Panhandle Public Health Foundation, its officers, agents, or employees arising directly or indirectly from my participation in the ride. I assume liability for any loss, damage, or other liability from the ride. I give my permission for medical release should I be involved in an accident or a health damaging situation requiring medical treatment. I grant my permission to use any photographs, motion pictures, recordings or any other records of this event for any legitimate purpose.

Signature _____

Date _____

If under 18 years of age, a parent/guardian must sign.