



La Porte Hospital Foundation is celebrating its 7th Annual Tour de La Porte on **Sunday, August 24, 2008**. Bring your family and friends to join us in this community-spirited event, as we go the distance for cancer care!

The bike tour and 5K run/walk will benefit La Porte Hospital cancer patients and their families in need of financial assistance during treatment. Your efforts to ride and walk in the spirit of those battling cancer will be felt throughout the day. In 2007, the Tour de La Porte event raised over \$12,000. With your participation, we hope to make 2008 another success!

CYCLISTS

Choose your distance of 5, 15, 25, 40, 60, or 100-mile routes.

All cyclists are required to wear A.N.S.I. approved helmets. SAG stops/rest stations will be available from 7:00 a.m. – 3:00 p.m. throughout the Tour de La Porte route area. Be sure to bring water bottles for refills at various locations.

5K RUNNERS/WALKERS

All participants must register by 7:30 a.m.

The 5K run will begin with a shotgun start at 8:00 a.m.

The walk will begin following a brief group warm-up provided by Jazzercise of New Carlisle & The Ladies Fitness Zone of La Porte.

The 5K run will be chip timed by T & H Timing of Valparaiso, IN.

There will be a \$10 fee charged for lost or broken chips.

Event Location:

Kesling Middle School
306 E. 18th Street
La Porte, IN 46350

•
Rear of school building

Visit www.laportehospital.org for directions and route maps

Waiver of Liability

ATTENTION:

Individuals must sign this Waiver of Liability in order to participate in the Tour de La Porte, August 24, 2008. Each participant must sign this form. One (1) waiver per participant.

Individuals under 18 must have this waiver signed by a parent or a legal guardian.

PLEASE READ CAREFULLY

The undersigned, does hereby waive, release, indemnify and forever discharge the La Porte Regional Health System, Inc. (LRHS) and La Porte Hospital Foundation (LHF) from any and all claims for death, injury, or property damage which the undersigned may have or which may hereafter accrue as a result of the undersigned's participation in the bike/run/walk event sponsored by LHF, including travel to and from such bike/run/walk event.

The release and waiver is intended to discharge all bike/run/walk event sponsors, officers, directors, officials, employees, and volunteers of LRHS and LHF, as well as any other person or entity who may be involved with the promotion or supervision of the bike/run/walk event fund raising activities from and against any and all liability arising out of or result of negligence on the part of any persons or organizations released.

The undersigned acknowledges and understands that serious accidents may occur while participating in the bike/run/walk event and during bike riding, running or walking. The undersigned expressly assumes the risk of such potential accidents. The undersigned agrees to wear an appropriate protective helmet at all times during the biking event.

The undersigned agrees and understands that this release from liability will be binding upon the undersigned, the undersigned's heirs, assigns and representatives, as well as any other person who may assert any claim for damages as a result of injury to the undersigned or the undersigned's properties.

Finally, I grant permission to the La Porte Hospital Foundation and it's authorized agents to use my name, photographs, videotapes or any other record of my participation in this event for any purpose.

X _____
Participant's signature *Date*

Individuals under the age of 18, parental or legal guardian's signature here.

X _____
Parental or legal guardian's signature *Date*

7th ANNUAL



BIKE • 5K RUN • WALK EVENT

To Benefit the Cancer Patients of La Porte Regional Health System



AUGUST 24, 2008
La Porte, Indiana

Tour de La Porte • Official Registration

One registration per participant. Participant must sign waiver on the back of this registration form.

Name: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____

Email: _____

T-Shirts: (one per registrant)

(Free with paid registration, while supplies last!)

Child: Small Medium Large X-Large

Adult: Small Medium Large X-Large

XX-Large 3X-Large

Sponsorship Opportunities:

\$250 and above Champion Sponsorship
One registration fee waived, Name on Appreciation Wall

\$100 - \$249 Sponsorship
One registration fee waived

Honor/Memorial Sign (\$5.00 each)
I would like my sign to read: _____

I cannot participate on August 24, but please
accept my donation of \$ _____

Team Competition:

(Must Pre-Register)

To be eligible, teams must be at least 5 members and participating in the same event. Each team member will receive a \$2.00 discount. Teams are eligible for awards: Largest Team, Most Spirited Team, Team with Most Donations. Teams must select a team captain for sign in day of the event. **All team registrations must be submitted together.**

Team Captain: _____

Team Name: _____

Event: _____

PLEASE SELECT EVENT:

- BIKE**
- 5-mile 15-mile 25-mile
 40-mile 60-mile 100-mile
- Adult \$25 (Before 8/8/08)
 Adult \$30 (After 8/8/08)
 Child \$10 (Ages 5-15 years old)
 Child *Free* (Ages 0-4 years old)

- 5K RUN**
- Adult \$20 (Before 8/8/08) Race Day Age _____
 Adult \$25 (After 8/8/08) D.O.B. _____
 Child \$10 (Ages 5-15 years old)
 Child *Free* (Ages 0-4 years old) Male Female

- 5K WALK**
- Adult \$20 (Before 8/8/08)
 Adult \$25 (After 8/8/08)
 Child \$10 (Ages 5-15 years old)
 Child *Free* (Ages 0-4 years old)

- COMBO (Bike and 5K run/walk)**
- Please Select Route and Run or Walk
- 5-mile 15-mile 25-mile
 40-mile 60-mile 100-mile
- Run Walk Race Day Age _____
 Adult \$40 (Before 8/8/08) D.O.B. _____
 Adult \$45 (After 8/8/08) Male Female
 Child \$15 (Ages 5-15 years old)
 Child *Free* (Ages 0-4 years old)

I am a member of a team (deduct \$2)

TOTAL ENCLOSED \$ _____

Make checks payable to La Porte Hospital Foundation
or charge my credit card: \$ _____

VISA MASTERCARD American Express

Number: _____

Expiration Date: _____

Signature: X _____

**Send entry form, waiver
and payment to:**

La Porte Hospital Foundation
P.O. Box 250
La Porte, IN 46352
(219) 326-2471 • (877) 265-4539



REGISTRATION AND CHECK-IN

- Open registration/check-in & breakfast is from 6:00-10:00 a.m. Runners/Walkers must register no later than 7:30 a.m. 5K Shotgun start at 8:00 a.m.
- Road support, SAG stops, and lunch will end at 3:00 p.m.

At check-in participants will receive:

- Waiver of liability (if not already signed)
- Free T-shirt (While supplies last. Children 4 and under are not eligible for a free t-shirt)
- Wrist band I.D. (to access all support and food services)
- Route map and description (cyclists only)

Emergency contacts and rescue vehicles will be available from 6:00 a.m. – 3:00 p.m.

All participants are required to sign a waiver of liability.

Participants under 18 must have waiver signed by parent or legal guardian.

ACCOMMODATIONS

Showers and lockers will be available on the grounds. Those who choose to utilize the accommodations must bring their own lock, towel and toiletries. Local hotel information is available at www.visitlaportecounty.com.

POST-EVENT CELEBRATIONS

RUNNER AWARDS: Unique overall, masters, and age group awards after the race. Male and female awards will be issued by age divisions as follows: 8 and under, 9-10, 11-12, 13-14, 15-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65 and older.

TEAM COMPETITION AWARDS: Bike team and Combo team competition awards will take place at the post-event celebration. 5K team awards will take place immediately following the race.

RESULTS: Runners will be timed using chip-timing technology and results will be posted online at www.thtiming.com.



AL'S Celebrate with us at the post-event picnic sponsored by Al's Supermarkets. Lunch will be available from 11:00 a.m. – 3:00 p.m.

Music will be provided by Ozzy Moody of Rolling Sounds, Chesterton, Indiana and Starlite Music Services, Valparaiso, Indiana.

Where did you hear about this event?
(Please be specific ie. La Porte Hospital Website, newspaper)

Where do you look for information
on upcoming cycling/running events?