

**2010 DWIGHT FITZGERALD MEMORIAL RIDE**  
**BENEFITING THE BOYS AND GIRLS CLUB OF MARION COUNTY**  
**October 31st, 2010**

- LOCATION:** Rainbow Springs State Park
- ROUTES:** Choose a 33 or 65 mile ride thru Marion & Levy Counties Scenic roads.
- START TIME:** 7:00 – 8:30 AM – Check in and “Day of“registration.  
8: 00 mass start. Rain or Shine  
11:30 – 1:30 PM Light Lunch  
2:00 PM Ride support Ends
- ENTRY FEES:** Forms are Online at [www.dunnellonbgc.com](http://www.dunnellonbgc.com) \$30.00  
Postmarked by October 31st  
Mail entries to:  
Blue Run Bicycles, 11352 N Williams St., Suite 301, Dunnellon, FL. 34432  
Early entries will receive a t-shirt  S  M  L  XL
- MORE INFORMATION:** Visit our website at [www.dunnellonbgc.com](http://www.dunnellonbgc.com), or call 352-465-7538
- RIDE RULES:** ANSI/SNELL approved helmets required. Radio headsets not allowed. Cyclists must obey traffic laws. THIS IS NOT A RACE
- OTHER THINGS:** Well marked routes with maps. Well Stocked sag stops. Support vehicle on course. We encourage you to bring your family as Rainbow Springs State Park offers many Natural and water type activities the whole family can enjoy.

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**ENTRY FORM**

ONE FORM PER PERSON (Copy as Needed)  
Make Checks payable to Boys & Girls Club of Marion County

Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Ride (circle) 33 65 Bike Club Affiliation: \_\_\_\_\_

**RELEASE OF ORGANIZERS AND SPONSORS**

In signing this form for myself (or as the parent or legal guardian of a minor child), I understand and agree that although the organizers of the Dwight Fitzgerald Memorial Ride have exercised due care to promote the safety of the participants, there are factors present including traffic, other cyclists, weather, pets, livestock, etc., whose actions are beyond the control of the organizers and sponsors. I agree to absolve all of the organizers and sponsors, be they individuals or organizations, of all blame for any injury, misadventure, harm, loss or inconvenience suffered as a result of taking part in the Dwight Fitzgerald Memorial Ride and any associated activities. I further agree to follow all applicable traffic laws and to conduct my activities in a safe and prudent manner; I agree to wear a helmet and am confident in the condition of my bicycle. I attest that I am physically fit and have sufficient training to participate in this event. This release and agreement are binding on my heirs and assigns.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

How did you hear about Dwight Fitzgerald Memorial Ride? \_\_\_\_\_

Are you interested in joining Citrus Cycling Club?  Yes  No

May we keep you updated on Boys & Girls Club Events & Information via Email?  Yes  No