

The Land of Legend Tour is celebrating its 39th anniversary!



Come experience a Central Ohio tradition and a uniquely enjoyable bicycling opportunity. The Licking County Family YMCA along with its sponsors; The Newark Advocate; Licking Park District, The Licking County Bicycle Club and the Licking County Foundation are organizing this event. Proceeds will be used to support the bicycle trails in Licking County Ohio.

Online registration: LandofLegendBikeTour.com:
(online registration closes July 12, 2010)

Mail registrations to:
Land of Legend Tour
470 W. Church St
Newark, OH 43055
Mail in Registrations

Day of Ride Registration:
at Licking County Family YMCA
470 W. Church St.
Newark OH 43055
Beginning at 7:00 a.m.

After your tour, enjoy a fun filled day at the YMCA outdoor pool. Refreshments will be on hand throughout the day.

3 Routes to Choose from:



- 32 mile ride
- 62 mile ride
- 100 mile Ride



This is a fully hosted tour with well defined routes, rest stops, plenty of food vendors along the route, SAG, and, of course, cookies! We have designed this year's tour to appeal to family riders, casual road riders, and the long-distance hill-climber looking for a challenge. Route options of 30, 60, and 100 miles wind through the scenic back roads of Licking and Knox counties. This full service tour will guide cyclists through some of the most beautiful trails and back roads in Ohio. The 32 mile route feature paved bike paths and country roads that are level to rolling with a few short hills that will take you throughout the communities and landmarks of Licking County. The 62 & 100 mile routes present the same beauty with just a few more significant hills. Proceeds from the tour will support the maintenance and preservation of the trail systems located in Licking County.

A Helmet is required!

Please be sure your bicycle is in good shape.



Pre-registration Fees:

Adults \$25.00
Family \$40.00

Day of Ride Fees:

Adults \$30.00
Family \$50.00
Shirts \$15.00

Make all checks payable to: Licking County Family YMCA

**Must be postmarked by:
July 12th, 2010
Please Print Clearly**

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Email: _____

Shirts: Small _____
Medium _____
Large _____
XLarge _____
2XLarge _____

(Limited quantities available)

Shirt quantity: _____ X \$15.00
Total Enclosed \$ _____

Shirts are \$20.00 day of ride



**This Tour helps Support
Licking County Trails
Alliance**

For More information:

Visit the LandofLegendBikeTour.org

or lcfymca.org

Send email to: edward.bohren@lcfymca.org

Helmets approved by CPSC, SNELL, ASTM or ANSI are required for this event.

The Licking County Land of legend Tour Release

*****Note: This form must be signed for your registration to be complete.****

In consideration of the acceptance of this entry & by signing this Release for myself (or for the participant if the participant is under 18) I agree to RELEASE, HOLD HARMLESS, and INDEMNIFY Licking County Family YMCA & all sponsors, advertisers, owners & lessors of premises on which the activity takes place, their respective officers, agents & members, & any other parties connected with this bicycle event for any injury, loss or damage suffered as a result of participation in the bicycle event or any activity associated with it, including injury, loss or damage caused by the negligence of any party.

I understand that there are certain risks associated with bicycle riding, including the risk of serious personal injury or death, & I expressly agree to assume those risks. I understand the route chosen is challenging, not necessarily the safest route, & that weather conditions may make this ride more difficult. I warrant that I am in proper physical condition to participate in this event, that I am a sufficiently competent cyclist to handle the road conditions, & that my bicycle is in safe operating condition.

I understand that wearing a helmet can minimize head injuries which may occur in a cycling accident & that Licking County Land of Legend Tour requires all riders to wear helmets. I agree to wear a helmet while participating in this event, & to follow the rules of the road & all applicable laws & safe bicycling practices.

I understand that this Release is also binding on my heirs & representatives. If I am signing on behalf of a minor, I accept full responsibility for all medical expenses incurred as a result of the minor's participation. I agree to HOLD HARMLESS & INDEMNIFY the entities named above for any claims brought on behalf of the minor.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian

if participant is under 18: _____ Birth Date: _____

YOU MUST SIGN THIS RELEASE AFTER READING FOR REGISTRATION TO BE COMPLETE!