



# 2017 SUMMER SEERSUCKER SOCIAL

Fill out this form for each person and sign the waiver below then do one of the following.

Mail In: **Summer Seersucker Social, PO Box 1201, La Conner, WA 98257**

Or bring it with you at check-in: **La Conner Channel Lodge**

205 N. 1st Street  
La Conner, WA 98257  
360.466.1500

FIRST NAME

LAST NAME

DATE OF BIRTH       AGE   M  F

MONTH DAY YEAR

ADDRESS

CITY

State Zip

PHONE

Daytime Evening

EMAIL

(You will receive a confirmation via email)

EMERGENCY CONTACT

## WAIVER & RELEASE (please read and sign below)

ASSUMPTION OF ALL RISKS BY THE ENTRANT: With the full knowledge and appreciation that bicycle riding is a hazardous activity and in consideration of your accepting this entry, I, intending to be legally bound for myself, my heirs, executors, and administrators, waive and release any and all rights of claim for damages as I may have against the Summer Seersucker Social organizers or the sponsors, their agents, and towns, counties and state in which the event is run, their representatives, successors, and assigns, for any and all injuries and/or property damage suffered by me in said event, and for the same consideration, the undersigned parent or guardian hereby indemnifies and agrees to hold the Summer Seersucker Social organizers or the sponsors, their agents, harmless from any and all liabilities which may occur by the entry of the applicant in the Summer Seersucker Social event.

SIGNATURE OF ENTRANT \_\_\_\_\_ DATE \_\_\_\_\_  
(All participants must sign. Parent or guardian must sign for persons under 18 years of age.)

## FEE SCHEDULE

**Entry:**  
Individual **\$15** \$\_\_\_\_\_

**Day of Event:**  
Additional **\$1** \$\_\_\_\_\_

**Optional Donation**  
\$5 Suggested Donation  
La Conner Library Foundation \$\_\_\_\_\_

**AMOUNT PAID:** \$\_\_\_\_\_

Mail This Completed Entry Form & Fee To:  
**Summer Seersucker Social**  
PO Box 1201  
La Conner, WA 98257