

# NORTH CAROLINA PICKLE FESTIVAL

# TOUR DE PICKLE

## 2022 ENTRY FORM

**\*\*\*Pre-registrations must be received by April 1, 2022 to guarantee Official Tour de Pickle Shirt on Ride Day.**

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Age on Event Day: \_\_\_\_\_

Email: \_\_\_\_\_

Group or Organization: \_\_\_\_\_

Please check event:

\_\_\_\_ 25 Miler \_\_\_\_ 50 Miler \_\_\_\_ 75 Miler

Tour de Pickle Tee Shirt Information:

Long sleeved moisture-wicking tee

\_\_\_\_ Adult Small \_\_\_\_ Adult Med \_\_\_\_ Adult L

\_\_\_\_ Adult XL \_\_\_\_ Adult 2XL \_\_\_\_ Adult 3XL

Pre-registered Riders: \$30 / Rider

Registration after April 1: \$45 / Rider

**Total Enclosed: \$ \_\_\_\_\_ If you are paying for more than one registration, please list all names here:**

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**All riders must sign form. If under 18 years of age, a parent or guardian must complete and sign below. Riders under the age of 12 must be accompanied at all times by a parent or guardian during the ride. No exceptions. All riders must wear helmet, securely fastened, for the duration of the ride.**

**RELEASE OF ORGANIZERS AND SPONSORS** of the Tour de Pickle Recreational Bicycle Ride (the "Event"). In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors, administrators, assigns and/or legal representatives, do hereby waive, release and discharge the North Carolina Pickle Festival, Mount Olive Area Chamber of Commerce, the Town of Mount Olive, NC, the sponsors and all Event personnel from any and all claims for damage suffered by me as a result of my participation in or travel to or return from the Event. In addition I certify that I am in proper physical condition to participate in the Event and accept full responsibility for my own safety during the Event.

Date \_\_\_\_\_, \_\_\_\_\_ Rider's signature \_\_\_\_\_  
(Signature)

PARENT or GUARDIAN of Minor Child (Under 18 Years of Age): I, as a parent or guardian of the below named minor(s), hereby give permission for my child(ren) or ward(s) to participate in the Event and further agree individually or on behalf of my child(ren) or ward(s) to the terms of the above Release of Organizers and Sponsors.

Date \_\_\_\_\_, \_\_\_\_\_ Guardian's signature \_\_\_\_\_  
(Signature)

Rider's Name(s) \_\_\_\_\_

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### Questions? Contact:

Brenda Cates at 910-935-0046-bcates@umo.edu

Mount Olive Area Chamber of Commerce 919-658-3113

### To Register:

Submit this completed application and a check payable to the **North Carolina Pickle Festival:**  
Tour de Pickle  
123 N. Center Street  
Mount Olive, NC 28365