



Police Unity Tour

Team Minnesota

Ride to Remember



WHAT: APPROX. 30 MILE BIKE RIDE TO HONOR MINNESOTA LAW ENFORCEMENT OFFICERS KILLED IN THE LINE OF DUTY AND TO RAISE FUNDS FOR THE NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL AND THE MINNESOTA LAW ENFORCEMENT MEMORIAL.

WHEN / WHERE: SUNDAY, SEP 25, 2005, 8:30 A.M. THE RIDE WILL BEGIN AND END AT THE GOPHER PARKING LOT, ADJACENT TO THE MARIUCCI ICE HOCKEY ARENA ON THE UNIVERSITY OF MINNESOTA CAMPUS (4TH ST. SE AND OAK ST. SE, MINNEAPOLIS).

WHO / HOW: THE PUBLIC IS INVITED TO PARTICIPATE IN THIS BIKE RIDE. PARTICIPANTS WILL RIDE EN MASSE WITH A POLICE ESCORT AT AN AVERAGE PACE OF 14 MILES PER HOUR. THE RIDE WILL PAUSE IN SOUTH MINNEAPOLIS AND SAINT PAUL NEAR SITES WHERE OFFICERS WERE KILLED IN THE LINE OF DUTY, AND FOR A BRIEF CEREMONY AT THE MINNESOTA LAW ENFORCEMENT MEMORIAL AT THE STATE CAPITOL.

COST: THE COST OF THE RIDE INCLUDES A T-SHIRT, WHICH PARTICIPANTS ARE ASKED TO WEAR DURING THE RIDE. WATER AND SNACKS WILL BE AVAILABLE AT THE SAINT PAUL REST STOP.

\$25 – includes a short sleeve T-Shirt (Add \$10 if registering after 9/1/04)

ALL PARTICIPANTS IN THIS EVENT MUST WEAR A BICYCLE HELMET!

MAIL ENTRY FORM AND FEE TO: POLICE UNITY TOUR, P.O. Box 28597, Oakdale, MN 55128

Please make checks payable to the "Police Unity Tour."

For more information about the ride, email: putmnride@yahoo.com

-----**Complete, Sign, Detach and Return:**-----

Name (Last, First, MI): _____

Address (Street/City/State/ZIP): _____

Department/Agency (If Applicable): _____

Phone #: _____ E-mail: _____ Shirt Size (M-XXL): _____

I would like to include a tax-deductible donation to the Police Unity Tour in the amount of: \$ _____.

WAIVER: I know that participating in a bicycle ride is a potentially hazardous activity. I enter this bicycle ride certifying that I am medically able, properly trained, and I will wear a bicycle helmet at all times during the event. I assume any and all risks associated with bicycling in this event including, but not limited to, falls, contact with other participants, the effects of weather including high heat and/or cool temperatures, and the conditions of the roads. Knowing these facts and in consideration with your acceptance of my entry fee, I hereby for myself, my heirs, my executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge any individual and organization associated with the Police Unity Tour; local government and police; volunteers, and any and all sponsors, including their agents, employees, assigns or anyone acting for or on their behalf, from any and all claims of liability for death, personal injury foreseen or unforeseen, known and unknown. The undersigned further grants full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any legal purpose. I also understand that any entry fees I pay are non-refundable. I agree to abide by the rules and decisions of ride officials. I have read the foregoing and certify my agreement by my signature below. (Parent or guardian must sign if applicant is under 18 years of age).

Signature _____ Date _____

Thank you for your support of the Police Unity Tour, a 501(c)(3) non-profit. For more information visit:

www.policeunitytour.org www.nleom.org www.lemma.org