

# Tour de Territory

**Friday, September 11th 2015  
at 6pm**

**Bikers start at the Cattaraugus  
Community Center, Finish at the  
Saylor Building.**

**20 Mile course, visiting most  
communities of the  
Cattaraugus Territory**

**Helmets and reflective gear must  
be worn**

**Ages 13 and older only, unless  
accompanied by an adult**

**Waivers must be signed for any  
rider under 18yrs. of age**

**Maps will be available  
Monday, September 7th  
at the front desk**

**T-Shirts given to  
each participant**

For more information contact

Kingsley Nephew at 716-532-8450

[www.cattarauguscommunitycenter.com](http://www.cattarauguscommunitycenter.com)



SNI Cattaraugus Recreation Department  
**Waiver/Release Form**  
"Tour the Territory" Bike Race

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Are there any health conditions or allergies we should be aware of? If so, please explain:

\_\_\_\_\_

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Waiver

**Declaration:** I know of no reason(s) other than the information indicated on this form, why I should not participate in prescribed activities except as noted. In consideration of you program accepting this entry and permitting myself to attend or participate therein, I waive and release any and all rights and claims for damages I may now or in the future have against the Seneca Nation Recreation Department or the Seneca Nation Of Indians, their representatives, agent or assigns for any and all losses and injuries suffered from participating in or attending the SNI Recreation Department activities.

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Signature \_\_\_\_\_

Date \_\_\_\_\_

SNI Cattaraugus Recreation Department  
**Parent Waiver/Release Form**  
"Tour the Territory" Bike Race

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Are there any health conditions or allergies we should be aware of? If so, please explain:

\_\_\_\_\_

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Waiver

**Declaration:** I know of no reason(s) other than the information indicated on this form, why my child should not participate in prescribed activities except as noted. In consideration of you program accepting this entry and permitting my child to attend or participate therein, I waive and release any and all rights and claims for damages I may now or in the future have against the Seneca Nation Recreation Department or the Seneca Nation Of Indians, their representatives, agent or assigns for any and all losses and injuries suffered from participating in or attending the SNI Recreation Department activities.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_