



Come join us for the day and enjoy the beauty of Historic Maysville and Mason County. The ride offers four routes that range from a casual 8 mile out and back to a challenging 50 mile loop. Registration includes, a tee shirt (if registered before May 15th), cue sheets and maps, rest stops, and sag support. Available routes are an 8 mile (out and back), 17 mile loop, 30 mile loop and 50 mile loop. The 2nd Annual "Ride to Remember" is brought to you by the Limestone Cycling League and the Kentucky Gateway Museum Center. All event proceeds go to the Zachary Ruble Memorial Scholarship through the Hayswood Foundation.

Date: **June 5th, 2010**

Time: **8:00 a.m.** (Same day registration starts at 7:00 a.m.)

Location: **Mason County Indoor Track Facility (Formally Jockey Intl.)
725 Clarks Run Road, Maysville KY 41056**

Registration: The cost of the event is \$20 (\$15 for LCL members) with pre-registration ending May 15th 2010 (**Same day registration will be available**). All pre-registrants will receive a free T-Shirt. Please make checks payable to KGMC and mail to: Limestone Cycling League, P.O. Box 355, Maysville, KY 41056. All proceeds will go to the Zach Ruble Memorial Scholarship Fund.

Entry Form

Name _____

Shirt Size (Circle one)
Adult: S M L XL XXL

Address _____

City _____ State _____ Zip _____

Course: (Circle one)

E-mail _____ Age _____

8 Mile 17 Mile
30 Mile 50 Mile

In consideration of the acceptance of my entry, I, for myself, my executors, administrators, and assignees, do hereby release & forever discharge the Limestone Cycling League, Kentucky Gateway Museum Center, officials, administrators, & all sponsors & individuals assisting in the presentation of the Zach Ruble Memorial Ride from all claims of damages, demands, & actions whatsoever in any manner or growing out of any participation in this event. I hereby attest & verify that I have full knowledge of the risks involved in this ride, that I assume those risks, that I will assume & pay my own medical expenses & emergency expenses in the event of accident, illness or other incapacity, regardless of whether I have authorized such expenses, I attest that I am physically fit & sufficiently trained to participate in this ride.

Participant's Signature _____ Date _____

Parent's Signature _____ Date _____

In case of medical emergency, contact _____ Phone _____

**Kentucky recognizes bicycles as approved vehicles on the highway and participants must obey all state traffic laws.
A bicycle helmet is required to participate in this event.**