

Annual Ride of Silence
Wednesday, May 15, 2024

EVENT DIRECTOR: Fernando Baldazo (956) 740-3439

PLACE: Taco Tote 10211McPherson Rd., Laredo, TX 78041

START OF EVENT: 6:30 p.m. SHARP



ENTRY FEE: \$ FREE

One entry form per participant. Incomplete forms will be returned.

Mr. or Mrs. _____ DOB _____ Age: _____
(Circle One) (Please print name)

Address: _____ City: _____ State: _____

Zip: _____ Day Time Phone: (_____) _____

Waiver: *I, The undersigned, assume full and complete responsibility for any injuries suffered while traveling to and from the starting point and ending point of the LCA Ride of Silence while participating in the said event. I certify that I have no physical, mental, or any other ailments or conditions that would prevent me from participating in this event, I waive and release LCA, The County of Webb, City of Laredo, and representatives of said organization, event officials and paid and unpaid event workers and the organizations that represent from any criminal and/or civil liabilities and/or lawsuits, damages and attorneys' fees.*

Athlete's signature/Firma de participante:

_____ Date: _____

Parent/Guardian if athlete is under 18 years: _____

Requirements: Helmets are required, lights are strongly recommended.