



## One Bike Trip Worth Taking!

St. Gabriel's Hospital Auxiliary is sponsoring its 15th annual "Ride for Unity" on Saturday, May 21, 2011. Enjoy biking on several loops through beautiful central Minnesota along the Mississippi River.

Proceeds generated through your participation in the "Ride for Unity" will be used by the Auxiliary to help fund its \$100,000 five-year pledge to the "Building for Health & Community" campaign.

The entry fee is \$20.00 for early registration (by April 30, 2011) or \$25.00 for regular registration. Pre-registered bike riders will receive a free t-shirt in their selected size. T-shirts are not guaranteed to those that register after April 30 or day of event. Questions? Please call 320-632-3491. Messages will be answered in a timely manner.

This brochure is also available online at [www.stgabriels.com](http://www.stgabriels.com).

**— REGISTRATION —**  
**7:30 a.m. - 8:30 a.m.**  
The ride needs to be completed by 2:00 p.m.

**BICYCLE HELMET REQUIRED**

## RIDE ROUTES

The various routes begin and end at St. Gabriel's Hospital located on the southeast side of Little Falls. Parking is available at the starting point.

All routes will be staffed with patrolling SAG vehicles. A bicycle mechanic will be provided by **Revolution Cycle and Ski**. Signs will be in place indicating route and rest stops. Written directions with a map will also be provided.

**Loop 1 - 10 Miles**, for all ages, goes south on Hilton Road along Mississippi River and back.

**Loop 2 - 30 Miles**, will go through Little Falls then west to Sobieski, south to Bowlus catching the Soo Line Bicycle Trail east to Hilton Road, then north on Hilton Road to St. Gabriel's.

**Loop 3 - 46 Miles**, starts the same as Loop 2, then continues west from Sobieski to Upsala, then south to Holdingford, catching the Lake Wobegon Bicycle Trail northeast into Bowlus, returning to St. Gabriel's the same as Loop 2.

**FOR YOUR SAFETY: Loops 2 and 3 will have one mile of non-paved road.**

### Rest Stops

The four rest stops will have fresh fruit, drinks and snacks to keep riders energized. Banana bread, cookies and beverages available at registration.

### Team Registration

Share the fun with friends, co-workers or a group by forming a team of eight or more riders and registration is only \$15 each. (*Teams must register and pay together to receive the discount.*)

## REGISTRATION FORM

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

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

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Route you plan to ride \_\_\_\_\_

T-SHIRT SIZE: (Circle requested size)

S MED LG XL \_\_\_\_\_  
Other \_\_\_\_\_

### ENTRY FEES:

Early Registration (on or before 4/30/11)	\$20.00
Registration	\$25.00
Team Registration (per person - 8 or more)	\$15.00
Family Entry Fee (includes 4 t-shirts)	\$65.00
Children under 18	* \$10.00

\*When accompanied by an adult

## RELEASE

Please read and sign the following waiver and release:

I, the undersigned, as a condition of entry in the "RIDE FOR UNITY," waive any right I may have to bring a claim for any injury, misadventure, harm, loss or inconvenience suffered as a result of my participation in the "RIDE FOR UNITY" against St. Gabriel's Hospital Auxiliary, St. Gabriel's Hospital, its agents, officers, employees, or the sponsors, organizers, volunteers or any other entities associated in any way with the "RIDE FOR UNITY."

I understand that the parties sponsoring and facilitating this event have no information concerning my physical condition. I sign this waiver and release of all claims on behalf of myself, my heirs, executors and assigns. I have no physical condition which would prevent or hinder me from participating in this event. I am familiar with and accept the risks involved in bicycle riding. The bicycle that I am using is in good mechanical condition and capable of safe operation. I agree to wear a securely fitted bicycle helmet, obey all applicable traffic rules and follow any other conditions established by the "RIDE FOR UNITY" officials. I agree to conduct myself in such a manner so as to not endanger others or disrupt the enjoyment of other participants. I understand that the "RIDE FOR UNITY" will be held rain or shine and that there will be no refunds of registrations fees for any registrants. I will permit emergency treatment in the event of an injury or illness while participating in the event. I also give permission to use my name and photo taken during the event in any promotional material, publication or on the web site.

If this participant is under the age of eighteen (18), the parents and/or legal guardians of the participant shall also execute this waiver and release of claims on behalf of the participant.

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

Parent or Guardian Signature if under 18 \_\_\_\_\_ Date \_\_\_\_\_

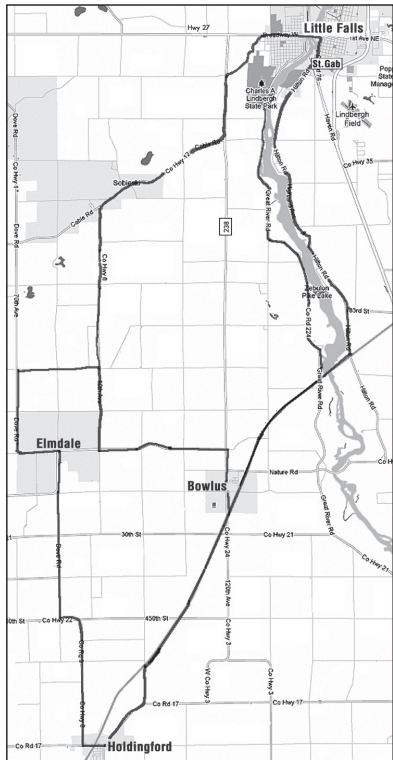
Send signed registration form and check to:

**St. Gabriel's Hospital Auxiliary**  
815 S.E. 2nd St., Little Falls, MN 56345

# Unity Family Healthcare

Little Falls, MN 56345

- St. Gabriel's Hospital
- Unity Family Home Care & Hospice
- St. Camillus Place
- Alverna Apartments
- Albany Area Hospital  
& Medical Center



For accommodations referrals, please call the Little Falls Convention and Visitors Bureau toll free at 1-800-325-5916.

### *Safety Rules for Biking:*

- Wear a securely fitted bicycle helmet
- Obey applicable traffic laws
- Bicycle must be in good mechanical condition

Non-Profit Org.  
US Postage  
**PAID**  
Permit No. 18  
Little Falls, MN  
56345



815 S.E. Second Street  
Little Falls, MN 56345

Return Service Requested

Unity  
Family  
Healthcare  
Little Falls, MN



*“A scenic bicycle tour  
through central Minnesota”*

Saturday,  
May 21,  
2011