



2011 Soggy Donuts Fund Heroes Bicycle Ride
Registration Form
Stage 3 Michelob Ultra Recreational Tour Series
(One Person Per Form Please)

Rider Name: _____
Address: _____
City: _____ State: _____ Zip _____
Phone # _____
E-Mail: _____
Emergency Contact: _____
Emergency Contact Phone # _____

***All Riders ARE REQUIRED to wear helmets.** Initial _____

Please "Check" Your Selected Options

- | | |
|--|---|
| <input type="checkbox"/> Individual Riders @ \$25.00 | <input type="checkbox"/> 10 mile "Rookie Ride" |
| <input type="checkbox"/> Family Riders @ \$35.00 | <input type="checkbox"/> 25 mile "Cruiser" |
| <input type="checkbox"/> Day of Event add \$5.00 | <input type="checkbox"/> 50 mile "S.W.A.T. Challenge"
"Scenic Way Around Town" |

Total Paid: _____

Registration begins @ 7:00am

Last Bike out @ 8:30am

Please Make Checks Payable to:

The Soggy Donuts Fund
5105 S. US Highway # 41
Terre Haute, IN 47802
Email: Brad@SoggyDonuts.org

Soggy Donuts Fund Tee Shirts will be available at the ride for \$15.00



Release of Liability:

I, the undersigned know that bicycle riding is a potentially hazardous event and I participate in it of my own free will and choice. I fully accept and assume all risks, whether before, during or after the events. These include, without limitation, risks of physical injury, emotional distress, trauma, death, contact with other participants, equipment failure, inadequate safety equipment, the effects of weather including extreme temperature or conditions, traffic, contact with motor vehicles of all types and descriptions, collision with other riders or fixed objects, the conditions of the road, and participating in events along the route. All risks are known and appreciated by me. I waive any and all specific notice of the existence of the risks. I shall assume and pay all medical and emergency expenses in the event of injury, illness, or other incapacity regardless of whether I authorized such expenses.

I realize bicycling requires physical conditioning and I represent that I am in sound medical condition capable of participating in the rides without risk to others or myself. I have no medical impediment, which would endanger others or myself. In consideration of my participation in the event, I release, waive, discharge, covenant not to sue and agree to hold The Soggy Donuts Fund and all communities and organizations; emergency and support personnel, volunteers and their representatives harmless from any and all claims. This waiver and release of all claims, demands, actions and liability shall include, without limitations, any injury, damage or loss to my person or property which may be caused by any act, by the above identified person(s) and entities or sustained by me before, during or after the event.

I have read this agreement, waive and release and agree to accept its terms.

X

Signature of Rider, Age, Date

X

Parent or Guardian (If Rider is Under 18)